AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 07, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Organizational Meeting	
	Overview of Rules and Regulations Review	Dennis Stevenson, Coordinator, Admin. Rules Dept. of Administration

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, January 07, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	None

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) welcomed **Rep. John Chambers**, who is substituting for **Rep. Henderson**. He also introduced **Sara Garcia**, the committee page. He instructed the committee to be prepared for daily meetings, including Fridays, in keeping with the anticipated short session.

Dennis Stevenson, Coordinator of Administrative Rules, Department of Administration, appeared before the committee. He discussed administrative code responsibility and the Legislative Services Office (LSO) germane committee review process. Mr. Stevenson explained that Pending Rules include an analysis that indicates any LSO committee objections or reservations. New this year, online rules are color coded. Yellow reflects caution that these rules will be effective if there is a lack of action. Fee Rules are green, to indicate money is involved. Temporary Rules are salmon and will die, like the endangered fish, if no action is taken by the end of the session. He then described the action that can be taken on each type of rule.

Chairman Wood(27) reminded the committee about meeting protocol, RS review, and quorum guidelines. He explained that all germane committees receive rules, although the Senate Health & Welfare Committee has an expanded area of coverage from the House Health & Welfare Committee. He stated that **Reps. Malek, Rusche,** and **Perry** would join him as proofers for the committee minutes. He encouraged the committee to meet with him on any topics of interest that can be scheduled to further committee education. **Chairman Wood(27)** then talked about the upcoming JFAC reporting and public health care hearings.

After a brief discussion, the committee agreed to have the secretary post agendas and minutes on the "Box" Health and Welfare Site.

Regarding any Department of Health and Welfare (DHW) budget questions or issues, **Chairman Wood(27)**, advised the committee to contact the DHW directly to give them the opportunity to address concerns or issues prior to or during their upcoming committee presentation.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:51 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, January 08, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Emergency Medical Services	Chris Stoker EMS Section Manager Dept. of Health & Welfare
16-0101-1301	Advisory Committee	
16-0102-1301	Rule Definitions	
16-0103-1301	Agency Licensing Requirements	
16-0107-1301	Personnel Licensing Requirements	
16-0112-1301	Complaints, Investigations, and Disciplinary Actions	
16-0203-1301	Emergency Medical Services Chapter Updates	

COMMITTEE MEMBERS

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Rep Vander Woude
Rep Rusche
Rep Chew

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 08, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Wayne Denny and Chris Stoker, DHW/EMS Bureau, Brad Hunt, O.A.R., John Chamers

Chairman Wood(27) called the meeting to order at 9:00 a.m.

DOCKET NO. 16-0101-1301:	**Chris Stoker**, Emergency Medical Services (EMS) Section Manager, Department of Health & Welfare (DHW), presented **Docket No. 16-0101-1301**, which consolidates the IDAPA 16.01.01 "EMS-Advisory Committee" definitions Section into the proposed IDAPA 16.01.02 "EMS Rule Definitions" Chapter.
MOTION:	**Vice Chairman Perry** made a motion to approve **Docket No. 16-0101-1301. Motion carried by voice vote**.
DOCKET NO. 16-0102-1301:	**Chris Stoker** presented **Docket No. 16-0102-1301**, that creates a Rule Chapter specifically for consolidating all IDAPA 16 Title 1 EMS definitions to provide a single definition source and ensure that the definitions are both contemporary and consistent. Feedback from townhall meetings impacted changes, whenever feasible. Mr. Stoker made it clear to the committee that all EMS are trained to the same standard.
MOTION:	**Vice Chairman Perry** made a motion to approve **Docket No. 16-0102-1301. Motion carried by voice vote**.
DOCKET NO. 16-0103-1301:	**Chris Stoker** presented **Docket No. 16-0103-1301**. He gave an overview of the key changes: the EMS Agency Licensing Model; allowance for multiple service types; clinical levels; and operational declarations under a single license.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 16-0103-1301. Motion carried by voice vote**.
DOCKET NO. 16-0107-1301:	**Chris Stoker** presented **Docket No. 16-0107-1301**, which moves the IDAPA 16.01.07 "EMS- Personnel Licensing Requirements" definitions Section to the proposed IDAPA 16.01.02 "EMS-Rules Definitions" Chapter.
MOTION:	**Rep. Chew** made a motion to approve **Docket No. 16-0107-1301. Motion carried by voice vote**.
DOCKET NO. 16-0112-1301:	**Chris Stoker** presented **Docket No. 16-0112-1301** that moves the IDAPA 16.01.12 "EMS- Complaints, Investigations, and Disciplinary Actions" definitions section to the proposed IDAPA 16.01.02 "EMS-Rule Definitions" Chapter.
MOTION:	**Vice Chairman Perry** made a motion to approve **Docket No. 16-0112-1301. Motion carried by voice vote**.

DOCKET NO. 16-0203-1301: **Chris Stoker** presented **Docket No. 16-0203-1301**. This docket is what remains of IDAPA 16.02.03 after the existing agency licensing requirements have been removed and placed in IDAPA 16.01.03 "Agency Licensing Requirements." There are minor changes to the section titles; however, the remaining content is unchanged. Mr. Stoker explained that they have three EMS funds that pay for these changes.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0203-1301. Motion carried by voice vote**.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:39 a.m.

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Representative Wood(27)
Chair

_____

Amber Duke
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, January 09, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Board of Occupational Licenses	
24-1301-1302	Physical Therapy License Board	Tana Cory Bureau Chief
24-1301-1301	Physical Therapy License Board	Roger Hales Administrative Attorney
24-0601-1301	Licensure of Occupational Therapists and Occupational Therapy Assistants	Roger Hales
24-1101-1301	State Board of Podiatry	Roger Hales
24-1401-1301	State Board of Social Work Examiners	Roger Hales

COMMITTEE MEMBERS

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Vice Chairman Perry
Rep Hancey
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Rep Hixon
Rep Malek
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Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 09, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Brian White PT DPT Physical Therapy Board, Tana Cory Physical Therapy Board, Joan Cloonan Social Workers Board, John Watts IOTA, Kendra Knighten, Amanda Crane

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to the **Vice Chairman Perry**.

DOCKET NO. 24-1301-1302:	**Tana Cory**, Bureau Chief, Board of Occupational Licenses, presented **Docket No. 24-1301-1302**, which decreases the physical therapist initial license and annual renewal fee from forty dollars to twenty dollars. It also decreases the physical therapists assistant initial license and annual renewal fee from thirty-five dollars to twenty dollars, the exam administration fee from forty dollars to twenty-five dollars, and the application fee from fifty dollars to twenty-five dollars. Section 200.05, for extraordinary expenses, is deleted in its entirety.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 24-1301-1302**. **Motion carried by voice vote.**
DOCKET NO. 24-1301-1301:	**Roger Hales**, on behalf of the Physical Therapy Licensure Board, Administrative Attorney, Board of Occupational Licenses, presented **Docket No. 24-1301-1301**, a revision of the supervision rule that increases the supervisory patient visits or the amount of time before Physical Therapy Assistant provided patient and plan care re-evaluation. This added assistant supervision flexibility will benefit patients and physical therapists practicing in rural areas.
MOTION:	**Rep. Chew** made a motion to approve **Docket No. 24-1301-1301. Motion carried by voice vote.**
DOCKET NO. 24-0601-1301:	**Roger Hales** presented **Docket No. 24-0601-1301. Brian White**, Board of Physical Therapy, was asked to explain the differences in physical therapy practices. **H 33**, which passed in the 2013 legislative session, allows the Board to issue a limited permit for a period of six months, or as extended by the Board. The Occupational Therapy Licensure Board is updating the limited permit rules to comply with the statute.
MOTION:	**Rep. Hixon** made a motion to approve **Docket No. 24-0601-1301. Motion carried by voice vote.**

DOCKET NO. 24-1101-1301: **Roger Hales** presented **Docket No. 24-1101-1301**, that deletes the high school documentation requirement for a profession that requires a college degree. Also removed are the $25 and re-examination fees. Updated terminology and clarification is necessary for the reference-incorporated code of ethics version, the non-Board administered examination, the application process, and the fee section. The continuing education requirement is being amended to include carryover of hours, special exemptions, and the increase of hours from 12 to 15 after January 1, 2015. Additionally, the board does not specify a relevant continuing education area, but it does have to be approved by the council.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 24-1101-1301. Motion carried by voice vote.**

DOCKET NO. 24-1401-1301: **Roger Hales** presented **Docket No. 24-1401-1301**. This rule change will allow experience obtained in any state to qualify for supervisor registration, allowing social workers moving to Idaho from other states the ability to immediately qualify as a supervisor. The Board is also clarifying that the supervision rule only applies to those individuals in Idaho pursing licensure, and has no jurisdiction over individuals practicing outside of the state. Mr. Hales explained that this profession requires passing a national exam.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 24-1401-1301. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:36 a.m.

Representative Perry
Vice Chair

Amber Duke
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 10, 2014

SUBJECT	DESCRIPTION	PRESENTER
19-0101-1301	State Board of Dentistry	Susan Miller Executive Director
	Idaho State Board of Medicine	
22-0103-1301	Licensure of Physician Assistants	Nancy Kerr Executive Director
22-0113-1301	Licensure of Dietitians	Nancy Kerr
	Idaho Board of Nursing	
23-0101-1301	Delegation Ability of Nurses	Sandra Evans Executive Director
23-0101-1302	Nurse Multistate Licensing Compact	Sandra Evans

COMMITTEE MEMBERS

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Rep Henderson(Chambers)
Rep Hixon
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Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Friday, January 10, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representatives Chambers, Malek, Rusche
GUESTS:	Nancy Kerr, IDBOM; Sandy Evans, Idaho Board of Nursing; Elli Brown, Elizabeth Criner, ISDA; Susan Miller, Executive Director Idaho Board of Dentistry; Loretta Todd, Idaho Resident; Tony Smith, Idaho Health Care Association; Brad Hunt, OARC;, Larry Benton, ADA

Chairman Wood(27) called the meeting to order at 8:58 a.m.

DOCKET NO. 19-0101-1301: **Susan Miller,** Executive Director, State Board of Dentistry, presented **Docket No. 19-0101-1301**, which is a fee reduction from $600 to $300 dollars for a dentist application by credentials. Other changes ascertain applicant qualifications and fitness, including background checks through the National Practitioner Data Bank and a credentialling service. Unprofessional conduct has been modified to include failures to provide patient records and to cooperate with authorities. Advertising provisions have been changed to reflect enforceable clarifications. Renewal continuing education credits have been updated from twelve hours to four hours for extended access dental hygiene license endorsement. Minimal sedation in children has been added for public protection. To align rule and policy, the renewal for moderate enteral and parenteral sedation permits specifies certification maintenance in basic life support for health care providers or advanced cardiac life support, based on the permit level.

MOTION: **Vice Chairman Perry** made a motion to approve **Docket No. 19-0101-1301. Motion carried by voice vote.**

DOCKET NO. 22-0103-1301: **Nancy Kerr,** Executive Director, Idaho Board of Medicine, presented **Docket No. 22-0103-1301**, that replaces the section specifying dispensing by physician assistants with the requirement for compliance with the Board of Pharmacy dispensing law and rules.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 22-0103-1301. Motion carried by voice vote.**

DOCKET NO. 22-0113-1301: **Nancy Kerr**, Executive Director, Idaho Board of Medicine, said these rules were adopted as temporary rules of the Idaho Board of Medicine to reflect the change in name of the accrediting organization for dietitians and correct an error in Code citation.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 22-0113-1301. Motion carried by voice vote.**

DOCKET NO. 23-0101-1301: **Sandra Evans,** presented **Docket No. 23-0101-1301**. She explained the nurse delegation process and its procedural steps for safe and appropriate delegation assurance. This Rule allows nurses to engage in relationships where the structure or setting is not conducive to the delegation process and where the recipient of the health care will benefit from the knowledge and expertise of the nurse through an alternative interface. It will also allow the nurse to delegate functions without limiting their authority to determine which tasks can be safely delegated in any individual circumstance and setting.

Tony Smith Idaho Health Care Association, testified **in support** of **Docket No. 23-0101-1301**, stating that if clients in assisted living or retirement homes are too weak to take care of themselves, this Rule help them receive needed care.

Larry Benton, American Diabetes Association, testified **in support** of **Docket No. 23-0101-1301**, remarking that only 18 percent of Idaho schools have licensed nurses to administer needed medications. During a turmoil, this could be a life saving issue to assure students get what they need.

Loretta Todd, an Idaho Resident, testified **in opposition** to **Docket No. 23-0101-1301**. She explained her belief that deleting the list of specific tasks would leave a lot of room for interpretation. She explained that most of the calls and concerns she receives come from hospitals and clinics and this list provides a concrete example.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 23-0101-1301. Motion carried by voice vote.**

DOCKET NO. 23-0101-1302: **Sandra Evans**, presented **Docket No. 23-0101-1302**, which increases nursing license application processing from 30 days to 90 days. Compact administration has determined that applications can be processed and licenses issued within this time frame.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 23-0101-1302. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:01 a.m.

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Representative Wood(27)
Chair

_____

Amber Duke
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 13, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	Mark Johnston, R. Ph. Executive Director
RS22380C1	Uniformed Controlled Substances	
RS22417	Uniformed Controlled Substances	
RS22428	Pharmacy Board	
	Department of Health & Welfare	
RS22403	Medical Assistance	Natalie Peterson Bureau Chief
RS22419	Public Assistance / Child Access Card	Matt Wimmer Bureau Chief
RS22375	Children's Trust Fund	Roger Sherman Bureau Chief
	Bureau of Occupational Licenses	
RS22385	Counselors/Therapists	Roger Hales Administrative Attorney
RS22387	Social Work Licensing Act	Roger Hales
RS22391	Podiatrists	Roger Hales
RS22383	Speech & Hearing Services Practice Act	Tana Cory Bureau Chief

COMMITTEE MEMBERS

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Vice Chairman Perry
Rep Hancey
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Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 13, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Natalie Peterson, Matt Wimmer, David Simnitt, Medicaid; Joan Cloonan, Social Work Examiners Board; Roger Sherman, Idaho Children's Trust Fund; Holly Kool, IPAA; Rober Payne, Social Work; Tana Cory, Occupational Licenses; Jim Baugh, DRI; Parrish Miller, Idaho Freedom Foundation; Mark Johnston, BOP; Kendra Knighten and Micholas Stout, GOV; Ryan Fitzgerald, IACP; Kurt Stembridge, GSK; Frank Powell and Paul Leary, DHW

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22380C1: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **RS 22380C1**, legislation that updates the Prescription Monitoring Program (PMP) data collection for controlled substances. The example was given of a Physician's Assistant (PA) who obtained multiple valid prescriptions from several prescribers, with positive screenings for the medication, and died from an overdose. The proposed data access would have saved this person's life by allowing access to recovery network professionals.

Responding to Committee questions, **Mr. Johnston** stated that collated patient profiles, currently available for use by physicians and law enforcement, have been requested by recovery network administrators. The new PMP software program is expected to go live in February and will have interstate operability with Utah, Nevada, Wyoming, and Montana. Any physician or psychiatrist treating someone, like the impaired PA, would have direct access. The overall case manager, with patient permission, would also be allowed access.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22380C1.**

Responding to questions, **Mr. Johnston** stated that the new system is both a national standard by the Board of Pharmacies and recognized by the Department of Justice. There are many assurances that the information is adequately protected.

VOTE ON MOTION: **Motion carried by voice vote.**

RS 22417: **Mr. Johnston** presented **RS 22417**, legislation that updates and coordinates with the Drug Enforcement Administration (DEA) list of substances. Two of the new substances are designer steroids, Prostanozol and Methasterone, and listed in Schedule III. The third substance, Alfaxalone, is a depressant listed in Schedule IV and used as an anaesthetic in veterinary medicine. The fourth substance, Lorcaserine, is a stimulant used for weight loss and is listed in Schedule IV.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22417. Motion carried by voice vote**.

RS 22428: **Mr. Johnston** presented **RS 22428**, a Board of Pharmacy statutory mandate for regulation of wholesale distribution of drugs into Idaho. The previous change to IDAPA 54-1754(2) fell short of requiring a wholesale distributor furnish controlled substances to only those who possess both DEA and Idaho controlled substances registration. It has been discovered that shipments by wholesale distributors to prescribers not properly registered to receive controlled substances are occurring, with some cases of diversion. Additionally, non-resident drug outlet and pharmacist licensure have been modified to include U.S. Territories.

In answer to Committee questions, **Mr. Johnston** stated that drug distribution is restricted to states, which can include territories, but not foreign countries. Transport of drugs through the mail system from Canada is a federal issue and is illegal. Transport across borders is allowed for minimum quantities.

MOTION: **Rep. Hancey** made a motion to introduce **RS 22428. Motion carried by voice vote.**

RS 22403: **Natalie Peterson**, Bureau Chief, DHW, Division of Medicaid, Long Term Care Program, presented **RS 22403**, which updates current terminology to allow for the creation of the Medicaid Managed Care Plan for the dual-eligible population.

Responding to Committee questions, **Ms. Peterson** explained that Medicaid individuals are over 65 years of age and have met a Social Security (SS) criteria. Dual-eligible individuals in the current program have a variety of options, depending on their enrollment category and disabling criteria.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22403. Motion carried by voice vote.**

RS 22419: **Matt Wimmer**, Bureau Chief, DHW, Medical Care, Division of Medicaid, presented **RS 22419**, legislation that adjusts the Medical Assistance Premium Assistance Program, which purchases private insurance for those not qualified for direct Medicaid coverage. Previous federal funding changes were only available through 2013, with a temporary bridge extension for the transition to the Idaho Health Exchange or other health care options. Other changes prevent duplication of other coverage options and removes income standards ambiguity.

Answering questions, **Mr. Wimmer** stated that people were transitioned to other coverage through Title 21 funding and the Advisory Board role is unaffected.

MOTION: **Rep. Romrell** made a motion to introduce **RS 22419. Motion carried by voice vote.**

RS 22375: **Roger Sherman**, Executive Director, Idaho Children's Trust Fund, presented **RS 22375**. He gave a brief history of the Fund and how it addresses child abuse and neglect in our communities. This legislation removes obsolete terminology. It also expands Board authority, aligning it with current business practices, clarifies it's ability to contract and employ support staff, and authorizes Board solicitation of grants and donations. The Trust Fund receives no state general funds. Any additional staff will be funded through the existing budget and monies raised through grants and donations.

Responding to Committee questions, **Mr. Sherman** stated that the Treasurer's office maintains the Fund's tax-designated contributions, a portion of which is given to the Fund annually for operating costs. There is a current balance of $250,000, with a balance ceiling of $2.5 million dollars. Managerial and office costs will come out of the Fund's operating budget.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22375. Motion carried by voice vote.**

RS 22385: **Roger Hales**, State Board of Counselors of Marriage and Family Therapy, presented **RS 22385**, legislation that allows the Board to promulgate rules for technology standards for marriage and family therapy. Precise rules will be brought to the Committee when drafted.

MOTION: **Rep. Morse** stated that **RS 22385** adopts current technology to a number of professions and made a motion to introduce **RS 22385. Motion carried by voice vote.**

RS 22387: **Roger Hales**, on behalf of the State Board of Social Work Examiners, presented **RS 22387**, legislation that increases the Board's powers for increased technology.

MOTION: **Rep. Morse** made a motion to introduce **RS 22387. Motion carried by voice vote.**

RS 22391: **Roger Hales**, on behalf of the State Board of Podiatry, presented **RS 22391**, which updates changes in the profession by recognizing that the Board no longer conducts the national exam. It also allows establishment of an inactive license status and clarifies that the original fee cannot exceed the renewal fee. It recognizes that the Board can discipline to facilitate supervision or additional education, adding new disciplinary grounds in alignment with state requirements and The Procedures Act For Disciplinary Action.

In answer to questions, **Mr. Hales** stated that the original license fee is typically lower than the exam fee, which is set by the national entity giving the exam. Having no exam cost input, the Board is establishing a pass-through scenario. Any exam cost cap by the Board could cause subsidies and additional costs.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22391**. He stated that **RS 22391** allows the Board to show the sole of their profession, eliminate heels, and keeps Idaho in step with national standards.

Rep. Hancey stated that, pursuant to **Rule 38**, he had a conflict of interest and would not be voting on **RS 22391**.

VOTE ON MOTION: **Motion carried by voice vote.**

RS 22383: **Tana Cory**, Chief, Bureau of Occupational Licenses, presented **RS 22383**, which modifies the Board quorum by removing the requirement that one member of each profession, including a member of the public and a member of the relevant profession, be present for any action to be taken.

Ms. Cory responded to questions stating that the Board meets physically three to four times a year and conducts interim application processing conference calls, which can conflict with vacation schedules and lead to delays in licensure.

MOTION: **Rep. Hancey** made a motion to introduce **RS 22383. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:01 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 14, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0301-1302	Health Care Assistance Eligibility - Chapter Rewrite	Lori Wolff Dept. Administrator
16-0301-1301	Health Care Assistance Eligibility - Chapter Repeal	Lori Wolff
16-0304-1301	Food Stamp Program of Idaho	Kristen Mathews Program Manager
16-0305-1301	Aid to the Aged, Blind, and Disabled	Callie Harrold Program Specialist
16-0306-1301	Refugee Medical Assistance	Callie Harrold
16-0402-1301	Idaho Telecommunication Service Assistance Program	Sara Herring Program Specialist

COMMITTEE MEMBERS

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 14, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Samuel Johnson, Idaho Hunger Relief Task Force; Malinda Jones, Bev Barr, Genie Sue Weppner, Sue Herring, Kristin Matthews, Callie Harrold, Ericka Medalen, Heidi Graham, Lori Wolff, Cheri Bourn, Russ Barron, Greg Kunz, H&W; Brad Hunt, O.A.R.C.; Alberto Gonzalez, Your Health Idaho

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

DOCKET NO. 16-0301-1302: **Lori Wolff**, Deputy Administrator, Department of Health & Welfare (DHW) Division of Welfare, presented **Docket No. 16-0301-1302**, which is a rewrite of IDAPA 16.03.01 Medicaid Eligibility Rules for the family Medicaid program. These rules, effective January 1, 2014, coincide with the federal legislative eligibility calculation called Modified Adjusted Gross Income (MAGI). Current income limits and coverage groups remain the same. With MAGI, the current expense deduction is modified to a standard five percent for paid expenses.

The new coverage categories are: children under 19 years of age who could be eligible for Medicaid or the Children's Health Insurance Program (CHIP); pregnant women; and adults with children living in their home. These rules state that all taxable income is counted toward a family's eligibility and nontaxable income is not counted. Types of income that would not be counted include child support, educational, veteran's, worker's compensation, tribal excluded by federal law, and social security. The resource test for pregnant women and adults with children applying for Medicaid has been eliminated. Tax filing status, rather than physical residence in the home, will determine household composition.

Ms. Wolff stated that qualified Idaho hospitals will be able to make presumptive Medicaid eligibility decisions for anyone who falls under the MAGI categories. Medicaid coverage is provided during the period of the presumptive eligibility decision to the time the full determination is made by the Department. A business design has been completed to allow full compliance and minimize risks to the integrity of the eligibility process.

An application must still be completed and all information must be verified prior to an eligibility decision. The applicant must be a citizen or meet legal residency requirements, be an Idaho resident, and meet income limits in their specific coverage category.

Responding to committee questions, **Ms. Wolff** stated the Rule changes are mandatory under the Affordable Care Act (ACA). Preliminary analysis indicates two hundred current Medicaid individuals will no longer be qualified and a small percentage of individuals will now be eligible. Those no longer eligible would qualify for the subsidized credit. Any disqualifications will not occur until the next certification review is due. Upon disqualification, household information will be transferred to the insurance marketplace. In Idaho there are no children within the zero to 100 percent poverty limit because we cover 135 percent of poverty levels. There could be adults within that range who have not applied and are not covered; however, they are not finding adults falling off the current coverage.

In answer to further questions, **Ms. Wolff** said co-habitating adults who file joint federal taxes would have their entire income computed as if they were married. If not filing jointly, the related individual's income would be used for the children's budget units.

Ms. Wolff responded that there is no residency waiting period, so someone moving from another state, upon address verification, would be immediately eligible.

She stated that a qualified hospital assessment that is wrong would not impact an individual. Services would continue until the Department completes a full eligibility determination. The current process allows little to no time between the hospital and Department determination since the hospitals use a small call center established by the Department for real-time determinations and quick reimbursements.

Citizenship or legal status can be verified immediately through the Social Security Administration and Homeland Security. A 90-day eligibility period is provided when an immediate determination cannot be made, allowing documentation follow up time. If subsequently found to be ineligible, there is no pursuit of overpayments made during that period of reasonable opportunity. **Ms. Wolff** agreed to provide more information to the representative on this topic.

MAGI counts all taxable earned and unearned income, including interest or dividends that may be considered part of that taxable income. Contrary to other programs, a resource test and spend down is not allowed by the MAGI.

Non-notarized affidavits are signed under penalty of perjury by someone who can attest to the accuracy of the information and their use is rare since a birth certificate or something else is always requested first.

MOTION: **Rep. Malek** made a motion to approve **Docket No. 16-0301-1302.**

For the record, no one indicated their desire to testify.

Rep. Hixon stated he will support the motion, but disagrees with several of the new federal government mandates.

VOTE ON MOTION: **Motion carried by voice vote.**

DOCKET NO. 16-0301-1301: **Lori Wolff** presented **Docket No. 16-0301-1301**, which repeals the old chapter of rules governing the Family Medicaid Program.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0301-1301. Motion carried by voice vote.**

DOCKET NO. 16-0304-1301: **Kristen Matthews**, Program Manager, DHW Division of Welfare, presented **Docket No. 16-0304-1301**, relating to food stamp policies. The Idaho Food Stamp program (SNAP) provides food assistance to needy families, with benefits funded one hundred percent by the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The state must follow strict guidelines, with limited flexibility. The Rule changes align state policies with SNAP requirements and Department processing standards.

Ms. Matthews stated that **Docket No. 16-0304-1301** excludes federal tax refunds and earned income tax credits from counting as a resource when determining food stamp benefits. This is a twelve-month exclusion from the date the refund or credit is received. The changes also allow a flat rate, or standard deduction, for medical expenses for elderly and disabled individuals, which helps the Department improve customer service by streamlining the application process. Under the approved FNS standard medical expense deduction waiver, an individual who can show $35 out-of-pocket qualifying expenses will receive a standard medical expense deduction of $144 to help calculate the total amount of food stamp benefits.

Additional changes streamline and align IDAPA with Food Stamp regulations in the Code of Federal Regulations (CFR) that outlines how a state must act on reported changes in an open food stamp case. This allows the Department to implement practices that align with any online changes made to the CFR without legislation. All of the changes will comply with FNS regulations, streamline work efficiencies, and improve customer service to families in need of benefits.

Responding to questions, **Ms. Matthews** stated that noncompliance would mean possible penalties.

MOTION: **Rep. Rusche** made a motion to approve **Docket 16-0304-1301**. He commented that since this is one hundred percent federal funding, they have the opportunity to dictate the rules.

Rep. Hixon asked to be recorded as supporting the motion, but disagreeing with how federal tax refunds are promulgated, reminding everyone that this is taxpayer money whether or not a USDA Department.

VOTE ON MOTION: **Motion carried by voice vote.**

DOCKET NO. 16-0305-1301: **Callie Harrold**, Program Specialist, DHW Division of Welfare, Medicaid Eligibility, presented **Docket No. 16-0305-1301**, Rule changes for the Aid to the Aged, Blind, and Disabled (AABD) Medicaid eligibility in alignment with other programs. She described "share of cost" and how it impacts reimbursements to nursing homes, residences, or community-based services. Participants are required to report financial changes that may change their share of cost. Although typically done within the required ten-day time frame, it is occasionally neglected and the Department may need to retroactively adjust the share of cost. This change allows direct collection from the participant, which is more appropriate and assures they are paying the correct share of cost.

Also included in **Docket No. 16-0305-1301** is a change in the service animal definition to broaden the definition to state that the service animal must be trained.

Responding to questions, **Ms. Harrold** will investigate the number of state exchange referrals. **Vice Chairman Perry** invited **Greg Kunz**, Deputy Administrator, Automation, Division of Welfare, to respond to questions. Mr. Kunz stated that there are no eligibility determinations made by the state through the federal marketplace. They work directly with individuals who have applied on the federally-facilitated marketplace.

Ms. Harrold then stated that there is a share of costs amount determined and discussed upon application approval and individuals must report income or expense changes in a timely fashion.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0305-1301. Motion carried by voice vote.**

DOCKET NO. 16-0306-1301: **Callie Harrold** presented **Docket No. 16-0306-1301**, Rules governing refugee medical eligibility. She described the refugees participating in this program and what they have experienced before coming to Idaho. The Rule changes align language with family Medicaid and MAGI by removing reference to a resource limit, such as bank accounts, vehicles, and real property. Ms. Harrold noted that eligible refugees have been in the country less than eight months and have left all resources behind, exhausted resources trying to get out of their country, or have never had any resources of value. These changes improve both participant and staff efficiencies.

Responding to questions, **Ms. Harrold** said any refugee status is determined by the federal government, which also provides the funding. She will provide information to the committee on the federal/state funding split.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0306-1301. Motion carried by voice vote.**

DOCKET NO. 16-0402-1301: **Sara Herring**, Program Specialist, Division of Welfare, presented **Docket No. 16-0402-1301**, relating to the Idaho Telecommunication Service Assistance Program, (ITSAP). She gave a brief overview of the program, which began in 1987 and helps low income households have reduced phone service charges through "Lifeline." The cost reductions are subsidized by services and costs paid by all phone subscribers as part of their monthly bill. This Rule aligns the monthly benefit amount with that listed in Statute and updates language to reflect the contribution reduction and clarify that only one ITSAP benefit is provided per household.

Ms. Herring, answering questions, stated that cell phone companies can be ITSAP providers; however, two-thirds of the program's recipients have land line coverage.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0402-1301. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:09 a.m.

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Representative Perry
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 15, 2014

SUBJECT	DESCRIPTION	PRESENTER
16-0202-1301	EMS Physician Commission	Dr. Curtis Sandy Chairman
	Medicaid Office of Mental Health & Substance Abuse	
16-0309-1301	Basic Plan - Behavioral Health Delivery Services	Pat Martelle Program Manager
16-0310-1301	Enhanced Plan - Behavioral Health Deliver Services	Pat Martelle
	Idaho Child Care Program (ICCP)	
16-0612-1301	In-Home Child Care Exception	Ericka Medalen Program Manager
16-0612-1302	Joint Custody Situations	Ericka Medalen
16-0612-1401	Co-Pay Structure	Ericka Medalen

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 15, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Doug Loertscher, Starr Family B. Health; Heidi Knittel, Unbefuddled; Greg Dickerson, Mental Health Prov. Assoc.; Curtis Sandy, Idaho EMS PC; Wayne Denny and Chris Stoker, Idaho DHW/EMS; Pat Martelle, David Simnitt, Jeremigh Guidos, Medicaid; Ericka Medalen, Wendy Wonders, Frank Powell, Paul Leary, Lori Wolff, Genie Sue Wepner, Russ Barron, DHW; Russell Westerberg, RMP

Chairman Wood(27) called the meeting to order at 9:02 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**

DOCKET NO. 16-0202-1301:

Dr. Curtis Sandy, Chair, Emergency Medical Services (EMS) Physician Commission, presented **Docket No. 16-0202-1301**. Dr. Sandy gave a brief history and described the purpose of the Commission, which was formed in 2006. The changes refine the standards manual to reflect current best practices for the EMS profession. Added were the medical director qualification for an air medical agency, language regarding optional module equipment and reporting, and the word "advanced" to airway devices for clarification. Epinephrine auto injector has been removed from the Medication Formulary at all levels. The Paramedic Medication Formulary has been simplified by removal of the list of drugs. Naloxone (Narcan) has been added to Technique of Medication for IV Push for clarification.

Responding to questions, **Dr. Sandy** stated that the optional modules range in cost from $20 to $10,000 or more, depending on the function. Optional modules allow agencies to take on the capital purchase if they choose. Licensure is at EMS agency base levels; however, any agency that wishes to perform additional skills are responsible to have the equipment for their chosen skill level.

For the record, no one indicated their desire to testify.

MOTION:

Rep. Hixon made a motion to approve **Docket No. 16-0202-1301. Motion carried by voice vote.**

DOCKET NO. 16-0309-1301:

Pat Martelle, Program Manager, DHW Division of Medicaid, presented **Docket No. 16-0309-1301**, Medicaid Rules directing the Department to implement managed care tools to develop an accountable care system to improve health outcomes for behavioral health services. These Rules were implemented September 1, 2013, when the Department's managed care contract went live with United Health's behavioral health platform, Optum Health, doing business in Idaho as Optum Idaho. She described stakeholder meetings that began in 2004 to address needed reforms and the Optum Health managed care contract, which is capitated based on actuarial analysis of the costs of behavioral health from 2011 to 2013. At the same time the state entered into a collaborative process with the Centers for Medicare and Medicaid (CMS) to develop a "Freedom of Choice" waiver that provides the state the authority to switch from a fee-for-service reimbursement model to managed care administration. Members are still able to choose their provider within

the Optum network. The rules are targeted to the managed care contractor, not the provider network, because the network is no longer enrolled directly with Medicaid.

Responding to questions, **Ms. Martelle** stated quality assurance reviews and contract monitoring indicate that the overwhelming majority of requirements of the contract have been met, with some issues with the way services are delivered. Implementation of the clinical authorization process is new to the providers network, who are in a learning curve and are, for the most part, adapting well. She just learned that Optum is providing one-on-one training and guidance to agencies experiencing repeated instances of challenges performing at the required level. Any registered complaint can be appealed to the Department. As of yet, they have received no such appeals.

Rep. Malek invoked Rule 38, stating a possible conflict of interest since the organization he works for works for Optum and he is on the advisory board.

Vice Chairman Perry invited **Dave Simnitt**, Deputy Administrator, to address a question from the Committee. Mr. Simnitt stated that a part of the federal requirement provides for broader screening and enrollment. They expect to mirror Medicare risk levels.

Ms. Martelle explained that 97% of providers enrolled with Medicaid are now enrolled with Optum, so the user impact has been minimal with the waiver. Additionally, the ability to choose among providers is at the same rate that existed prior to contract implementation. The populations served are adults and children of individuals who have full Medicaid benefits, both basic and enhanced plans.

Gregory Dickerson, Mental Health Providers Association of Idaho (MHPAI), testified **in support** of **Docket No. 16-0309-1301**, stating that they have been providing feedback throughout the transition. He detailed concerns with the Optum contract, especially a possible increase in institutional care and their operational communication and decisions. He stressed the importance of continuing reimbursable telephone management, particularly in rural areas. Stakeholder appeal rights is listed only in one place for participants, not providers. The MHPAI supports managed care services, recognizes the necessity to pass this set of Rules, and asks that the contract be monitored by the Legislature.

Responding to questions, **Mr. Dickerson** said they had met with Optum and have had good dialogues over issues. They may be at the point where a conversation with the Department is in order. He agreed that the transition will continue the rest of the year, causing some providers concern for their future. He said that Optum needs some latitude; but, they seem to change models without communication to providers. He expressed concern that copies of Optum's contract are unavailable. He would ask that Optum be more in tune with the providers.

Doug Loertscher, Idaho Resident, Agency Owner, testified **in opposition to Docket No. 16-0309-1301**, stating that one of his businesses is a link for the managed care model. He shared his experiences and frustration with Optum's operations, stating his concern that he will not be able to sustain the agency because of the new structure. Mr. Loertscher shared concerns expressed by **Mr. Dickerson** and the increasing mental health holds. He said that repeated efforts to secure Optum's contract have been futile. He was surprised to learn that there was a DHW appeals process and described his efforts to utilize the complaint system. Mr. Loertscher said that the Rules state that whatever Optum decides is what exists. He would like to see clear guidelines and expectations.

Heidi Knittel, Idaho Resident, testified that a successful transition period requires room for all parties. She shared examples of communication issues and inconsistent policy responses. She was surprised to learn of one-on-one training, since her training requests have been ignored. Optum's Rule adherence would address some of her concerns.

For the record, no one else indicated their desire to testify.

Responding to Committee questions, **Pat Martelle** said they are monitoring all aspects of Optum's contract.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0309-1301.**

Rep. Hancey commented to the motion that he supports the Rules, but would like to have a presentation from the DHW and Optum. This is of particular concern since they have contracts with other states, which should minimize transitional issues.

SUBSTITUTE MOTION: **Rep. Rusche** made a substitute motion to **HOLD Docket No. 16-0309-1301** for a time certain. He commented that this would allow time to confer with Optum and obtain assurance that the messages are getting through.

ROLL CALL VOTE: A roll call vote was requested on the substitute motion to **HOLD Docket No. 16-0309-1301** for time certain. **Motion carried by a vote of 6 AYE, 4 NAY, and 1 absent/excused. Voting in favor** of the motion: **Reps. Hancey, Chambers, Romrell, Vander Woude, Rusche, Chew. Voting in opposition** to the motion: **Reps. Perry, Hixon, Malek, Morse. Chairman Wood(27) was absent/excused.**

DOCKET NO. 16-0310-1301: **Pat Martelle** presented **Docket No. 16-0310-1301**, which is the companion to **Docket No. 16-0309-1301**, Rules governing Medicaid behavioral health services.

For the record, no one indicated their desire to testify.

MOTION **Rep. Hixon** made a motion to **HOLD Docket No. 16-0310-1301** to a time certain. **Motion carried by voice vote.**

DOCKET NO. 16-0612-1301: **Erika Medalen**, Program Manager, DHW, Division of Welfare, presented **Docket No. 16-0612-1301**. She gave a brief overview of the Idaho Child Care Program (ICCP). This Rule provides clarification for in-home child care criteria. Changes to a current rule that ICCP providers must have a health and safety inspection will exempt in-home settings and assure a safe environment through health and safety training. This reflects the Department's commitment to ensure that the health and safety standards are communicated and practiced while caring for children when they are away from their parents.

Responding to questions, **Ms. Medalen** stated that state health department contracts provide administration under federal child care development funds.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 16-0612-1301. Motion carried by voice vote.**

DOCKET NO. 16-0612-1302: **Erika Medalen** presented **Docket No. 16-0612-1302**, which relates to policy for households with shared custody of a minor child and will align the ICCP with Food Stamps. This will provide families who are working or going to school a consistent message and expectation for program eligibility. The current first-come-first-served approach in joint custody situations has allowed a parent to receive ICCP benefits when they had minimal custody of the child. The proposed Rules state that household membership is where the child lives 51% or more of the time, based on where the child spends the majority of nights during the month.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0612-1302. Motion carried by voice vote.**

DOCKET NO. 16-0612-1401: **Erika Medalen** presented **Docket No. 16-0612-1401**, relating to the ICCP parental co-pay calculation policy that aligns the student co-pay requirements with current operational practices, in compliance with federal regulations. This change stipulates that child care co-pays for families must be based on income, not cost of care. Students who are not working at least ten hours a week will now have a flat-rate co-pay based on part-time or full-time school status. ICCP's goal is to help families return to work or pursue education that leads to sustainable and meaningful employment.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0612-1401. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:40 a.m.

Representative Perry
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, January 16, 2014

SUBJECT	DESCRIPTION	PRESENTER
	DHW - Division of Medicaid	
16-0309-1302	Provider Management	Matt Wimmer Bureau Chief Medical Care
16-0309-1303	Tobacco Cessation Products	Matt Wimmer
	DHW - Division of Operational Services	
16-0501-1301	HIPAA Privacy	Heidi Graham Civil Rights Manager Privacy Officer
	DHW - Domestic Violence Council	
16-0504-1301	Assistance Grant Funding	Anne Chatfield Grants Contract Officer
	DHW - Division of Licensing and Certification	
16-0315-1301	Semi-Independent Group Residential Facilities - Chapter Repeal	Tamara Prisock

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, January 16, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Chew
GUESTS:	Matt Wimmer and David Simnitt, Medicaid; Tamara Prisock and Heidi Graham, Health & Welfare; Teri Woychick, Self - Observer; Elli Brown and Stacey Satterlee, ACS CAN; Paul Leary and Frank Powell, DHW; Luann Dettman, Anne Chatfield, Sally Alvarado, Council on DV; Ed Hawley, Admin Rules; Elizabeth Criner, ISDA

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**

DOCKET NO. 16-0309-1302: **Matt Wimmer**, Bureau Chief, Medical Care, Division of Medicaid, presented **Docket No. 16-0309-1302**, which increases their ability to manage Medicaid providers who do not meet enrolling requirements and comply with federal regulation changes. Medicaid providers must complete an information verification at least once every five years and meet the same enrollment site visit requirements as Medicare providers. Those prescribing drugs or services covered by the Medicaid program must be enrolled with the program, preventing any provider not meeting credentialling requirements from continuing to order services. Procedures for managing, denying, and terminating providers not meeting Medicaid enrollment requirements are clarified, along with Rules to conform with or refer to relevant federal requirement.

Upon questioning, **Mr. Wimmer** said there is no flexibility in the requirements. Analysis indicates there are few groups who would be impacted by this change. Providers have to enroll with Medicare and go through those requirements, but they don't have to submit claims or accept Medicare patients. Federal requirements do not allow any appointment billing non-payment sliding scale and the provider cannot charge for missed appointments.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 16-0309-1302. Motion carried by voice vote. Rep. Vander Woude** requested that he be recorded as voting **NAY**.

DOCKET NO. 16-0309-1303: **Matt Wimmer**, presented **Docket No. 16-0309-1303**, Rule changes that comply with federal laws and regulations for tobacco cessation products and drugs as part of the Medicaid programs. This Rule change completes transitioning coverage from the existing voucher system to direct pharmacy coverage for all participants.

Stacey Satterlee, American Cancer Society, Cancer Action Network, testified **in support** of **Docket No. 16-0309-1303**, stating that since Medicaid participants are among the highest smoking rates, these tools and treatments will save lives and reduce hospital costs.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0309-1303**.

For the record, no one else indicated their desire to testify.

Responding to Committee questions, **Mr. Wimmer** said the change in terminology to "tobacco" from "smoking" broadened the definition by recognizing that people can be addicted to other forms of tobacco and nicotine. Funding is through Medicaid at a standard 70/30 split.

VOTE ON MOTION: **Motion carried by voice vote.**

DOCKET NO. 16-0501-1301: **Heidi Graham**, DHW, Civil Rights Manager/Privacy Officer, Division of Operational Services, Human Resources, presented **Docket No. 16-0501-1301**. This Rule change brings the Department's Use and Disclosure Rules into compliance with the recently modified Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and provides more latitude to release decedent records.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0501-1301**.

In answer to Committee questions, **Ms. Graham** stated that documentation request responses could be based on existing documentation or an acknowledged relationship that existed prior to the decedent's death. A case-by-case review would disclose whether the requesting individual was involved with the decedent prior to their passing. She gave examples of relationships established in writing or disclosed verbally. Included in the review would be use and disclosure Rules, and applicable state and fed regulations.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Motion carried by voice vote. Representatives Morse** and **Chambers** requested that they be recorded as voting **NAY**.

DOCKET NO. 16-0504-1301: **Anne Chatfield**, Grant Contract Officer, Idaho Council on Domestic Violence and Victim Assistance, presented **Docket No. 06-0504-1301**. The Rule changes update language to support program and system innovation and insure programs serving victims are high quality and sustainable. She described the variety of programs available in our state that demonstrate progress in crime victim services.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0504-1301. Motion carried by voice vote.**

DOCKET NO. 16-0315-1301: **Tamara Prisock**, Administrator Division of Licensing and Certification, DHW, presented **Docket No. 16-0315-1301**, which repeals the entire obsolete Rule Chapter that outlines semi-independent facilities for the mentally ill. Facility surveys were discontinued several years ago and the Department has no statutory ability or responsibility to license them. There are six private residential facilities of this nature operating in Idaho. Their funding is through private pay and donations.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0315-1301. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:43 a.m.

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Representative Perry
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Friday, January 17, 2014

SUBJECT	DESCRIPTION	PRESENTER
	DHW - Bureau of Audits and Investigations	
16-0506-1301	Guardians, Conservators, and Appointed Individuals	Fernando Castro Program Supervisor
16-0506-1302	Submission Process	Fernando Castro
16-0507-1301	Fraud, Abuse, and Misconduct	Benjamin Johnson Welfare Fraud Investigative Supervisor
	DHW - Division of Family & Community Services	
16-0601-1301	Monthly Reimbursement	Erika Wainaina Idaho Foster Care Program Specialist
16-0601-1302	Child Protection Central Registry	Rob Luce Administrator

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 17, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Rusche

GUESTS: Jana Kemp, Idaho Resident; Fernando Castro and Bev Barr, DHW; Miren Unsworth, DHW Rules; Erika Wainain, Cameron Gilliland, A. Prokupek, DHW FACS; Ed Hawley, Admin. Rules; Christine Pisani, DD Council

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes for January 7, January 8, January 9, and January 10, 2014. **Motion carried by voice vote.**

Chairman Wood(27) passed the gavel to **Vice Chairman Perry**

DOCKET NO. 16-0506-1301: **Fernando Castro**, Program Supervisor, Criminal History Unit, Bureau of Audits and Investigations, Department of Health and Welfare (DHW), presented **Docket No. 16-0506-1301**, which adds new statutory references and identifies a new class of individuals required to submit to the Department's background check. **H 125** authorized the Department to conduct criminal history and background checks for persons seeking appointments as guardians or conservators of incapacitated or developmentally disabled (DD) adults. Persons residing with these vulnerable adults were also identified as being the subjects of a Department background check.

Responding to questions, **Mr. Castro** stated that the $65 fee breaks down to $36.50 to the Idaho State Police for fingerprint processing and $28.50 for unit maintenance administrative costs.

Christine Pisani, Idaho Council on DD, testified **in support** of **Docket No. 16-0506-1301**. She described the function of the Council and stated that results from this Rule have already been seen. Guardianship has been prevented when the background check substantiated adult protection violations. For the first time, a petitioning attorney contacted the Guardianship Evaluation Committee to share that his client had a criminal history. A petitioner was found to have financial problems that were disclosed as a direct result of this Rule.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 16-0506-1301. Motion carried by voice vote.**

DOCKET NO. 16-0506-1302: **Fernando Castro** presented **Docket No. 16-0506-1302**, Rule changes for clarification and maintenance. Being added are requirements that providers must complete when acquiring facilities and deadlines for applicants when their cases are pending with the courts. Clarification is made to submission of application materials and fingerprints, when applicant provisional clearance occurs, and any revocation of clearance. An unconditional denial appeal process is incorporated and the list of disqualifying crimes is updated.

MOTION: **Rep. Romrell** made a motion to approve **Docket No. 16-0506-1302**. **Rep. Hixon** requested a full report of any 2014 fines assessed. **Motion carried by voice vote.**

DOCKET NO. 16-0507-1301: **Benjamin Johnson**, Supervisor, Welfare Fraud Investigation Unit, DHW, presented **Docket No. 16-0507-1301**. He described his unit and the mechanics of investigating fraud within the welfare programs. Efforts have expanded from investigating recipients of welfare to include providers of all public assistance programs other than Medicaid. This has brought to light the need to update provider definitions and terminology to be in alignment with State Statute to enhance the scope of enforcement. The changes provide Rule consistency, remove confusion with Public Assistance Provider fraud cases, and increase accountability for all public assistance programs and their providers.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0507-1301**.

Responding to questions, **Mr. Johnson** explained that they review transaction anomalies for anyone accepting food stamps.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Motion carried by voice vote.**

DOCKET NO. 16-0601-1301: **Erika Wainaina**, Idaho Foster Care Program Specialist, Family and Community Service Division, DHW, presented **Docket No. 16-0601-1301**, which solidifies an increase in foster care rates that was effective July 1, 2013. The base rate increases are: $329 per month for zero to five years of age; $366 per month for six to twelve years of age; and $487 per month for thirteen or more years of age. This increase allows better care for children entering the foster care system.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0601-1301. Motion carried by voice vote.**

DOCKET NO. 16-0601-1302: **Rob Luce**, Administrator, Division of Family and Community Services, DHW, presented **Docket No. 16-0601-1302**, a Pending Fee Rule that clarifies child welfare program processes to improve safety well being and outcome for children in Idaho. Confidential registry information will only be released with prior consent to the individual in question. The individual who is the subject of the information must submit a written request. A processing fee of $20 will cover the cost of checking and reporting the results. Additional updates are made to the Indian Child Welfare Act to reflect current mailing practices and establish registered, instead of certified, mail for tribes in Idaho.

Answering questions, **Mr. Luce** said the name-base check requests could increase to thousands per year as other entities become aware of and request this service. They have no full time personnel to handle such a volume and anticipate a single person could do 2,000 checks annually, with their salary covered by the $20 fee. Current staff will be used until additional staff becomes necessary. This is a not an amount within the current appropriations request.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 16-0601-1302.**

Jana Kemp, Idaho Resident, parent, small business owner, testified **in support** of **Docket No. 16-0601-1302**, stating that this type of check is important for entities with volunteers working with children and vulnerable populations. This could even become a condition of employment or volunteering. There was hope that the Idaho State Police (ISP) data could be merged with the central registry. She was told this could not happen because one kept biometric information and the other was name only. If this could have happened, the cost could have been part of the standard background process. Maintained by the DHW, it includes a five-year, ten-year and lifetime listing. She expressed concern that Idaho could be vulnerable to legal action from other states if this is not approved.

Mr. Luce further responded that the central registry exists by both federal and state law. Currently, an individual can be on the registry and not have a conviction, but it is not mandatory. The Department must look at the vulnerability of children and adults, in spite of a court ruling. He described the three disqualifying levels related to the severity of the occurrence. Social workers investigate, analyze, and make recommendations. At that point a letter is sent to the individual, whose name is not yet on the registry, stating their decision, and allowing 28 days to contest their action, for due process. After a fair hearing and appeal process, a review group makes a recommendation, and Mr. Luce makes the final decision. There is an additional right to appeal his decision that goes to the Director and a final right to appeal to a District Court. If someone is a Level 3, even though listed on the registry, an exemption can be requested. Such an exemption has it's own appeal process. There are less than 100,000 people on the registry. Since this is a new program, it was decided to bring the Fee Rule this year because they were unsure how quickly it might grow.

Rep. Vander Woude commented that he will support the motion because the value and availability of the information outweighs the fee issue.

VOTE ON MOTION: **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:05 a.m.

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Representative Perry
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 20, 2014

SUBJECT	DESCRIPTION	PRESENTER
	DHW - Division of Behavioral Health	
16-0717-1301	Alcohol and Substance Use Disorder Services	Rosie Andueza Program Manager
16-0720-1301	Alcohol and Substance Use Disorders Treatment and Recovery Services	Rosie Andueza
16-0733-1301	Adult Mental Health Services	Treena Clark Program Specialist
16-0730-1301	Behavioral Health Community Crisis Centers	Casey Moyer Program Manager

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, January 20, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Chew, Malek, Vander Woude
GUESTS:	Kathie Garrett, NAMI Idaho; Fernando Castro and Frank Powell, DHW; Casey Moyer and Treena Clark, DHW Behavioral Health

Chairman Wood(27) called to meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

DOCKET NO. 16-0717-1301:

Rosie Andueza, Program Manager, Department of Health and Welfare (DHW), Division of Behavioral Health, presented **Docket No. 16-0717-1301**, a Pending Rule that addresses the current criminal background check process for Alcohol and Substance Use Services and offers an administrative review and possible waiver, on a case-by-case basis. The current failure ineligibility status does not allow for any review of an individual's circumstances, lifestyle change, or behavior since committing the crime.

Fundamental to the recovery philosophy is the belief that people can and do make permanent life changes. Those in recovery commonly choose to give back and seek professions in the area of substance abuse treatment, providing great peer role models. Current regulations do not allow them to work as treatment providers or recovery coaches due to their previous criminal charges, with a distinct negative impact on a system that often relies on them during the early recovery stages, guiding others toward a life of sobriety.

The review process would consider the severity or nature of the crime, period of time since the crime occurred, and circumstances surrounding the incident. Certain crimes, including crimes of a sexual nature, violent crimes, crimes against children, and felonies punishable by death or life imprisonment, are not eligible for the waiver process.

The proposed Rule also clarifies the employer's responsibility to review the results of a criminal history and background check, even when a clearance is issued or a waiver granted, when making a determination regarding the ability or risk of the individual to provide direct care services upon offering employment.

Responding to Committee questions, **Ms. Andueza** commented that licensed clinicians would be responsible to their licensing board. Background checks are obtained from the FBI and other data bases. This is the same model used by Alcoholics Anonymous, placing those who have experienced the process and rehabilitated with those new to the program. Waivers will be granted by a committee that includes DHW staff, legal counsel, and representatives from the provider network, Supreme Court, and Department of Corrections. This group would also make any decision to revoke a waiver.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0717-1301. Motion carried by voice vote.**

DOCKET NO. 16-0720-1301: **Rose Andueza** presented **Docket No. 16-0720-1301** which proposes the same waiver as presented in **Docket No. 16-0717-1301**, with the exception that it pertains to Substance Use Disorder and Recovery Support Service Providers.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0720-1301** and **Docket No. 16-0733-1301**, since they are exactly the same Rule changes.

For the record, no one indicated their desire to testify.

DOCKET NO. 16-0733-1301: **Treena Clark**, Program Specialist, DHW, Division of Behavioral Health, presented **Docket No. 16-0733-1301**, which proposes the same waiver as presented in **Docket No. 16-0717-1301**, with the exception that it pertains to Adult Mental Health Services.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the **motion to approve Docket No. 16-0720-1301 and Docket No. 16-0733-1301. Motion carried by voice vote.**

DOCKET NO. 16-0730-1301: **Casey Moyer**, Program Manager, Division of Behavior Health, presented **Docket No. 16-0730-1301** a Pending Rule that provides authority for the creation and availability of voluntary crisis centers. Three initial centers would be open 24 hours, 7 days a week, 365 days a year. They would be staffed by nurses, clinicians, and certified peers. A single episode of care could last up to 23 hours and 59 minutes, at which time the client must be discharged. There is no limit to the number of consecutive admissions into the center; however, each admission would include an individual treatment plan. These clinics will serve as an alternative crisis management resource for law enforcement and voluntary admission. They will offer an evaluation of needs, provide a risk reduction model, and link to community resources to help prevent future crisis. This Rule establishes the definition and framework for behavioral health community crisis centers and includes the foundation upon which all regional centers will be based.

In answer to committee questions, **Mr. Moyer** said the risk reduction role will be available without program enrollment. Assertive Community Treatment (ACT) teams may be involved as a further care resource. The details surrounding patient transport continue to be developed. The centers would provide assistance for cases of mental and substance abuse. They could be used for social detoxification, but are not designed to be detoxification facilities.

Upon further questions, **Mr. Moyer** explained that the 23 hour and 59 minute requirement allows the centers to operate free of residential licensure rules. Local centers can readmit anyone after discharge, if they have the capacity and the person is making his or her daily treatment goals. Law enforcement, with training, would be making the preliminary judgement to place an individual on a hold or transport them to the clinics. The clinics provide a third option for law enforcement, freeing time that would otherwise be spent with an individual in the ER.

Separate from this Rule is a crisis center budget request for $5.1 million, which includes $600,000 one-time federal funds and $4.5 million in state funds.

The crisis center model includes a physician on the Board, but the limited budget relies on nursing staff in the centers, with the development of an intake algorithm. The communities would help determine best practice for transport to an emergency room (ER) and specific standards.

MOTION: **Rep. Rusche** made a motion to approve **Docket No. 16-0730-1301** commenting this construct is a baby step in community mental health treatments and regionalized cooling off places to lessen the use of ERs and inappropriate use of jails for mentally ill people.

Upon additional questioning, **Mr. Moyer** gave examples of community support systems that centers could cultivate to help an individual access quickly. After the initial set up costs, they will seek to maximize cost pooling with county programs that may not necessarily be funded by the county.

Kathie Garrett, NAMI Idaho, testified **in support** of **Docket No. 16-0730-1301**, stating that crisis centers are an effective component to keep individuals in crisis out of jail or ERs.

MOTION: **Vice Chairman Perry** called for a vote on the motion to approve **Docket No. 16-0730-1301. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:00 a.m.

Representative Perry
Vice Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, January 21, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22461	Health Insurance Exchange	Rep. Lynn Luker
	Midwifery Presentation	Barbara Rawlings Chairman Board of Midwifery
	The Medicare/Medicaid Coordinated Plan	Natalie Peterson Bureau Chief
	High Five Children's Health Collaborative Overview	Kendra Witt-Doyle PhD, MPH, Blue Cross of Idaho Foundation for Health
RS22490	Health And Safety	Rep. Fred Wood
RS22533	Uniform Controlled Substances	Rep. Christy Perry
RS22521	Medicaid, Dental Services	Paul Leary Administrator and State Medicaid Director

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 21, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Sheila Pugatch, Paul Leary, Natalie Peterson, Lisa Hettinger, Medicaid; Elisha Figueroa, Office of Drug Policy; Kendra Witt Doyle, BCI Foundation; Sarah Fuhriman, Roden Law Office; Holly Kool, IPAA; Jason Kreizenbeck, Lobby Idaho, LLC; Kris Ellis and C. Blea, MD, Idaho Midwifery Council; Brody Aston, Lobby Idaho, LLC; Barbara Rawlings, Midwifery Board; Paula Wiens, Midwifery Board, Elizabeth Criner, ISDA; Woody Richards, AHIP; Steve Millard, ALTA; Jim Baugh, DRI; Kyndal Verueckken, Idaho Board of Midwifery

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22461: **Rep. Luker** presented **RS 22461**, legislation that provides insurance exchange consumers with the ability to anonymously comparison shop and provide identifying information only when purchasing. Also included is a website warning that the accurate income information is needed to determine subsidies. This legislation allows users capability to anonymously browse the Insurance Exchange while ensuring there is a warning about a risk when not using accurate income information.

In response to a question, **Rep. Luker** agreed that additional warnings about the nonbinding aspect of the estimate are in order.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22461. Motion carried by voice vote.**

Kris Ellis, Representing the Idaho Midwifery Council, presented an overview of Idaho midwives and their profession. She described their training, education, certification, license qualifications, and scope of care. Since licensure, there have been improvements in communication with other medical professionals, public safety, and a forum to address concerns and complaints.

Barbara Rawlings, Chairman, Board of Midwifery, presented her legislative report to the Committee. The Board consists of five appointed members. Having been charged with public protection, the Board insures that all qualifications are met by applicants prior to licensure and responds to all licensee complaints. Licensing has had a positive impact on Idaho's midwifery profession with improved standards, accountability, and public safety.

In 2012, 551 births were attended by midwives. Of those, 182 were first babies with a maternal average age of 29.6 years and an eight pound average birth weight. 46 were transferred to hospitals while in labor, 28 had C-section deliveries, and 5 were transferred after the birth. There were no newborn or maternal deaths.

Since their creation in 2010, there have been 28 total complaints. Nineteen resulted in some form of disciplinary action, seven were closed without action because no violation was found during the investigation, three were outside the Board's jurisdiction, and two are still under investigation. Fourteen were from the medical community, nine were from clients, two were from law enforcement, and two were received from the Bureau. Three went to hearing, which incurred costs that decreased the Board of Midwifery account cash balance from $6,441 to a negative $72,363. They are a self-governing board, with no general funding, so they will attempt to recover the costs through licensing and renewal fees. The fee increase has been submitted to the Legislature.

The Board remains a cohesive and dedicated group that is working with the medical community. Licensing has improved Idaho's midwifery profession by providing standards and accountability.

Responding to questions, **Ms. Rawlings** said initial complaints dealt with the scope of practice and have now been replaced with documentation, education, and updated paperwork issues, which is quite an improvement.

Tana Cory, Bureau Chief, Idaho Bureau of Occupational Licenses, was invited to answer Committee questions. Ms. Cory stated part of the disciplinary process is recovery of resultant costs and fees. There is a process in place for collection, including a payment time line or payment plan. The current increase will recoup the costs at an estimated rate of $10,000 per year.

Natalie Peterson, Bureau Chief, Medicaid Long Term Care, presented to the Committee on the past, present, and future of the Medicare-Medicaid Coordinated Plan. She explained Medicare is a Federal Health Insurance Program under Title XVIII of the Social Security Act and is administered by the Centers for Medicare. Medicaid, created in 1965 under Title XIX of the Social Security Act, is a jointly funded federal-state health insurance program that is administered by the Department of Health & Welfare (DHW). She gave an overview of what Medicare pays and what Medicaid pays when it comes to hospital care, physician and ancillary services, skilled nursing facilities, home health and community base services, hospice, prescription drugs, and durable medical equipment.

Dual Eligibles (Duals) are individuals who qualify for both Medicare and Medicaid coverage separately. She explained the importance of coordinated care as a way to navigate the different systems. The Medicare-Medicaid Coordinated Plan (MMCP) is offered to provide coordinated health coverage and is a voluntary program. She stated today, there are over 650 MMCP participants.

In looking to the future, **Ms. Peterson** described the Medicaid intention to participate in the Demonstration to Integrate Care for Dual Eligible Individuals. Two health plans submitted applications in February, 2013, but one dropped out in late August. Since two plans are required for the demonstration, they could not move forward. Options include expansion of benefits offered, pursue the Demonstration in 2015, and transition current Duals Special Needs Plan (SNP) into a fully integrated dual eligible SNP in 2014 and 2015. Since November, six health plans have submitted a Notice of Intent to Apply for the 2015 Duals Demonstration and completed applications are due by February 25, 2014.

In response to a question, **Ms. Peterson** stated that the current MMCP plan places risk with the Division of Medicaid. The expanded program planned for 2014 will shift the risk to prepaid inpatient plans.

Kendra Witt-Doyle, Foundation Manager, Blue Cross of Idaho Foundation for Health, presented on the High Five Children's Health Collaborative, which addresses the epidemic of children's obesity. Effects of this situation include annual health care expenditures of $190 billion and the fact that 27% of 18 to 24 year old adults are too overweight to enlist in the military. This program is a statewide effort to improve access to healthy, affordable foods, increase physical activity, assure schools and child care facilities are healthier, educate parents, and promote public policies that fight the causes of obesity. One program element awards community grants to Idaho cities. Another element is called "Daily Do" and texts or e-mails recipes, tips, events, and special deals to parents and caregivers on a daily basis. Community partnerships increase the voices for change, providing discussion platforms.

Ms. Witt-Doyle responded to a question, stating the definition of overweight has changed since the 1980's, but the one for obesity has not changed. She said that Blue Cross of Idaho has made a ten-year commitment to focus on the High Five Program. They do expect to create goals and objectives under each of the fifth pillar of public policy and recommendations over the next several years.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

RS 22490: **Rep. Fred Wood(27)** presented **RS 22490**, proposed legislation to place medical specialities within the Idaho Code General Surgery Primary Care Section. This change was requested by rural hospitals, especially those designated as shortage areas, who are experiencing medical shortages as a result of the proliferation of surgery subspecialities. He explained that the J-1 Visa Program allows foreign physicians to receive further post graduate medical training in the U.S., with immediate return to their country of origin. However, the Conrad 30 Waiver Program allows these physicians to go to a designated shortage area for a three-year employment commitment to engage in the full-time practice of medicine.

MOTION: **Rep. Morse** made a motion to introduce **RS 22490. Motion carried by voice vote.**

Vice Chairman Perry returned the gavel to **Chairman Wood(27)**.

RS 22533: **Rep. Christy Perry**, presented **RS 22533**, proposed legislation that requires Prescription Monitoring Program controlled substances registration by prescribers, other than veterinarians, upon initial registration and annual renewal. The data base already exists and there is no cost to register. She stated there were also some minor language changes.

In answer to questions, **Rep. Perry** explained the provision would apply to anyone given prescribing permission, with the exception of veterinarians.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22533. Motion carried by voice vote.**

RS 22521: **Paul Leary**, Administrator, Division of Medicaid, introduced **RS 22521** to the Committee. This proposed legislation amends Idaho Code to restore funding for preventative dental services to adults with disabilities or special health needs within the Medicaid Program. He stated there is significant evidence the previous benefit reduction has resulted in a cost increase, particularly in ER dental services. He said this change would result in an annual savings of $5 million.

Responding to a question, **Mr. Leary** stated they have monitored the reduction results for a variety of services and this one has had the greatest impact. Other programs continue to be monitored.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22521. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:19 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AMENDED AGENDA #3

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 22, 2014

SUBJECT	DESCRIPTION	PRESENTER
16-0304-1301	Food Stamp Program	Kristin Matthews Program Manager Dept. of Health & Welfare
	Idaho State Board of Pharmacy	
27-0101-1207	Continuing Pharmacy Education	Mark Johnston. R. Ph. Executive Director
27-0101-1301	Definitions And Compounding Updates	Mark Johnston
27-0101-1302	Controlled Substances Recipient Identification	Mark Johnston
	Idaho Board of Midwifery	
24-2601-1301	Application, License, And Renewal Fees	Tana Cory Bureau Chief Board of Occupational Licenses
RS22607C1	Licensure	Kris Ellis Idaho Midwifery Council

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 22, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Kris Ellis, IMC; Barbara Rawlings, Board of Midwifery; Tana Cory, Midwifery Occupational Licenses; Dennis Stevenson, Rules Coordinator; Kristin Matthews and Lori Wolff, DHW, Mark Johnston, BOP, Kinzi Jones, Dolores Parr, DiAnn Butterfield, ISU - COP; Bev Barr, DHW Rules

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to accept the minutes for January 13 and January 14, 2014. **Motion carried by voice vote.**

DOCKET NO. 16-0304-1301: **Kristin Matthews**, Program Manager, DHW, Division of Welfare, presented **Docket No. 16-0304-1301**, relating to food stamp policies. Subsequent to approval on January 14, 2014, this docket was found to have an administrative error in it's effective date that would leave a gap of several months, during which the Department would be out of compliance. This technical fix changes only the date, with no other changes to the already approved Rules.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to approve **Docket No 16-0304-1301. Motion carried by voice vote.**

DOCKET NO. 27-0101-1207: **Mark Johnston**, Executive Director, Board of Pharmacy, Adjunct Professor at Idaho State University, presented **Docket No. 27-0101-1207**, which has substantive changes for continuing pharmacy education (CPE) and pharmacy security. He explained a movement toward national certification through the Accreditation Council for Pharmacy Education. Pending changes to Rule 50 create more structure to the Board approved CPE process. The number of required CPE annual hours remains the same, but the nationally accredited hours increase from eight to twelve, with one hour of CPE on sterile compounding required for sterile compounders.

Dr. Johnston said the public requested changes to Rule 604 to allow for a pharmacy to designate a secured delivery area where filled prescriptions may be left for pick up for subsequent delivery after the pharmacy is closed. These deliveries would be for limited service pharmacies (aka closed door pharmacies) who service assisted living facilities and are not open to the public. Such pharmacies often receive after hour calls to fill prescriptions for new patients. In the absence of pharmacist oversight, security parameters are more stringent and include a two-token entry, security cameras, and background checks on delivery drivers. Changes to structural security requirements in this Rule clarify that they pertain to all pharmacies.

Responding to questions, **Dr. Johnston** stated that off-premises storage includes a Schedule II since patient-specific controlled substances are often required. The storage rooms are large enough to house several totes, if necessary. This does require that couriers perform background checks on their employees, plus the additional security of a two-car entry and cameras to document entry into the building.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to approve **Docket No. 27-0101-1207. Motion carried by voice vote.**

DOCKET NO. 27-0101-1301: **Mark Johnston** presented **Docket No. 27-0101-1301**, requesting that the Committee reject the entire docket. He explained that this Rule is a direct result of the New England Compounding Center (NECC) tragedy that is expected to result in 700 deaths. After several rule making sessions they had Rules that they felt adequately regulated the situation. However, in November Congress passed and signed into law the Compounding Quality Act, which is in direct conflict with much of this Docket of Rules. Attempts to modify the Rules have proven ineffective and the Governor has indicated that he would entertain Temporary Rules.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to reject **Docket No. 27-0101-1301. Motion carried by voice vote.**

DOCKET NO. 27-0101-1302: **Mark Johnston** presented **Docket No. 27-0101-1302**, regarding controlled substance dispensing identification. He said that passports are not necessarily required anymore to enter the United States. Many Canadian travelers use Western Hemisphere Travel Initiative enhanced driver's licenses or Nexus Air Cards. These Rule changes would allow these documents to satisfy a pharmacy's requirements.

Dr. Johnston, answering Committee questions, stated that foreign driver's licenses are not acceptable since their validity is difficult to determine and not within a pharmacist's training. The Western Hemisphere Travel Initiative documents look like passports. They are not easy to obtain and require three to four months for approval, 40 pages of application information, and a background check.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Morse** made a motion to approve **Docket No. 27-0101-1302. Motion carried by voice vote.**

RS 22607C1: **Kris Ellis**, Idaho Midwifery Council, presented **RS 22607C1**, proposed legislation pertaining to the Midwifery Practice Act, which has been in effect for five years. The changes include updates to definitions, medications, scope and practice, monitor by a licensed health care provider instead of a physician, use of physicians in a bordering state, and conditions of transfer.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22607C1. Motion carried by voice vote.**

DOCKET NO. 24-2601-1301: **Tana Cory**, Chief, Bureau of Occupational Licenses, presented **Docket No. 24-2601-1301**, a Pending Fee Rule for the Board of Midwifery that increases the initial application fee from $50 to $200; the initial license fee from $550 to $800; and the annual renewal fee from $550 to $850. After three disciplinary matters went to hearing, the Board's cash balance dropped from $6,441 to a negative $79,908. As a self-governing agency with no general fund monies, they are increasing fees to recoup costs. The new fees are expected to generate an additional $10,000 annually that will insure they can work toward eliminating the negative balance while discharging their charge to the public.

In answer to questions, **Ms. Cory** said that the balance is expected to be eliminated in four to five years. The Bureau of Occupational Licenses has one "common bucket" fund for all board revenue and expenses. This provides the continuation of any board facing this type of debt until they can work with legislation to pay back that amount. Internal accounting tracks the funds for each board. Any payback from the cases would apply to the deficit balance. Once the Board is in a positive cash balance, they would be back with fee decreases. Ms. Cory will provide a listing of all Bureau managed boards that includes their membership numbers and cash position. In the event that the Committee rejects the fee increases, they would have to figure out how to keep the Board in legal compliance.

Ms. Cory further explained that the three instances stem from care complaints and were public protection issues. There are no guarantees that such issues would not occur again. She noted that the Board has, over the five years of its existence, cut expenses and streamlined annual costs from $70,000 to $4,000. They do not have the authority to do a one-time licensee assessment.

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 24-2601-1301.**

Kris Ellis, Idaho Midwifery Council, testified **in support** of **Docket No. 24-2601-1301** reiterating that they have worked with the Board and agreed to increase fees without raising the fee cap.

Molly Steckel, Idaho Medical Association, testified **in support** of **Docket No. 24-2601-1301**, emphasized that the action taken by the Board in these cases indicates a success that they are taking their charge seriously, even though it has caused the debt.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:41 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.

Lincoln Auditorium

Thursday, January 23, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Your Health Idaho Presentation	Amy Dowd Executive Director Members of the Governing Board

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 23, 2014

TIME: 9:00 A.M.

PLACE: Lincoln Auditorium

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Woody Richards, AHIP; Elizabeth Criner, ISDA; Elli Brown, ACS CAN; Hollie Taylor, Blue Cross

Chairman Wood(27) called the meeting to order at 9:01 a.m.

Chairman Wood(27) commented that the Insurance Exchange is a state requirement, whether federal government or state owned and operated. In 2013 Idaho chose to have an Idaho-based Exchange that would eventually be state owned and operated. This report by the State Insurance Exchange Board fulfills the statutory reporting requirement and provides a look at its future and security issues.

Steven Weeg, Chairman, State Insurance Exchange Board, discussed the charge to create a market place designed by Idahoans and done the Idaho way. When the company started they had the charge to have a marketplace available in five months. This in an environment without staff, funding, policy, procedures, organizational structure, office, or telephones. Mr. Weeg stated that they have maintained a maximum control of Idaho's health insurance marketplace at a minimal cost to its citizens. There are 20,000 enrollees thus far, with growth continuing. Today the Idaho-based marketplace, now called Your Health Idaho (YHI), has a small staff, low grant funding, and recognition as a state-run marketplace.

They have established a website to act, for this first year, as a portal to the federal exchange. They have built a network of over 700 Agents and Brokers and 300 In-Person Assisters (IPA). In comparison to federally managed states, Idaho is benefiting from managing and regulating health plans. The initial fee has been set at 1.5%.

The Board consists of 19 volunteer Idaho members, including three legislators. **Mr. Weeg** stated that they have adopted bylaws, governance policies, and an organizational structure to ensure oversight of many aspects of the Exchange. He explained one misstep that led to a contract withdrawal and the review and improvement of initial policies, based on a third party report. Mr. Weeg explained that the personnel nature of the report led to withholding its release, contrary to their policy of public transparency.

The YHI Board has pursued all available means of assessing security of the Federal Facilitated Exchange (FFE) and Federal Data Hub. All live functions of the website have passed the same security testing as the Medicare system. The remaining tests are for functions of the website that are not yet live. A federal cyber security specialist has reported that all concerns with the FFE have been secured, small breaches managed, and no indications of serious security breaches.

Amy Dowd, Executive Director, YHI, Idaho's Health Insurance Exchange, said that they have met the majority of the legislative requirements and are proud of the work they have done. They are implementing a Health Insurance Exchange, staffed by Idahoans and designed to be the right size for the needs of Idaho's citizens. She said they are working toward an Idaho technology based platform to insure they can open doors this fall with a fully working and tested state system.

From October 1 to December 28, 2013, there have been 25,828 completed applications by 48,082 Idahoans, with 26,665 individuals eligible for tax credit. 19,922 Idahoans have selected a plan. Of that 19,922 enrollees, 24% were in the young target group aged 18-34 years. 66% percent have selected the Silver Plan. Our success is attributed to the use of certified Agents and Brokers. At 1.24% percentage of per capita enrolled, we are fourth in the nation, behind Vermont (a state exchange), California (an FFE) and Montana (a state exchange).

When discussing enrollment, one area that stands out is the success of the IPAs, who work to educate and walk individuals through the process. They are hand picked from established agencies with existing privacy and security standards, go through rigorous training, and pass FBI background checks.

Outreach efforts include enrollment events, community events, radio, local weekly newspapers, and facebook. The neighbor-to-neighbor method is the best way to reach Idahoans.

The current plan top priorities are information security and the 2016 self sustaining goal. There are currently two vendors helping set up the marketplace, with four additional vendors to be added in the coming months. Once the marketplace is established, their roles will be reduced or eliminated.

The Call Center must maintain information confidentiality. In building the plan for the technology solution, a vendor that would be the most efficient and sustainable in the long run is needed. An independent expert will review and audit the security. A technology vendor will supply on-site security experts.

Mr. Weeg addressed the committee's questions by stating they are driven to make this cost effective and have looked at several strategies. He also stated that one big difference in controlling security is that they require every IPA to undergo a background check, which is not required of federal navigators. Regarding the rumor that there will be firearms questions, Mr. Weeg explained that the State Code explicitly declares such a question cannot be asked and will not be asked. He also explained that Idaho Code has a ban against insurer abortion coverage, so insurance companies must not cover abortifacients. Contraceptives have to be made available, per the ACA, but no individual is forced to use them.

Additionally, **Mr. Weeg** stated that every plan must meet federally-defined essential health benefits. Any plan can be sold off the Exchange; however, purchasers may not be eligible for tax credits.

MOTION: **Rep. Rusche** made a motion to accept the Your Health Idaho State Insurance Exchange Board annual report as presented. **Motion carried by voice vote.**

ADJOURN: There being no further business to come the committee, the meeting was adjourned at 10:22 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

JOINT

HOUSE HEALTH & WELFARE COMMITTEE
AND
SENATE HEALTH & WELFARE COMMITTEE

8:00 AM - 9:30 AM
WW02 - Lincoln Auditorium
Friday, January 24, 2014

SUBJECT	DESCRIPTION	PRESENTER
	PUBLIC TESTIMONY FOR HEALTH AND WELFARE	
	TESTIMONY WILL BE LIMITED TO 3 MINUTES	

If you have written testimony, please provide two copies to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES
JOINT MEETING

HOUSE HEALTH & WELFARE COMMITTEE
SENATE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 24, 2014

TIME: 8:00 AM - 9:30 AM

PLACE: WW02 - Lincoln Auditorium

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

Chairman Heider, Vice Chairman Nuxoll, Senators Lodge, Hagedorn, Guthrie, Martin, Lakey, Bock, Schmidt

ABSENT/ EXCUSED: Representative Romrell

GUESTS: The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.

Chairman Heider called the meeting to order at 8:02 a.m.

Ian James Bott, Bobbie Phillips, Janalyn Kesler, Amy James-Rish, Misty-Dawn James, Idaho Residents; **Dan Hymus,**UVRCC; **Laura Scuri,**Access Behavioral; **Stacy Stephens,** Alliance Family Services, Inc.; **Paul Hymus,**Upper Valley Resource & Counseling Center; **Doug Loertscher,** Starr Family Behavioral Health; **Darci Morano,**Core Counseling Center; **Jim Baugh,** Disability Rights Idaho; **Jessica Chilcotte,** Sandpoint Family Services; **Teronda Robinson,** Community Partnerships; **Nikki Tangen,** Access BHS, testified about issues with Medicaid and it's administration company, Optum Idaho.

They stated that required prior authorizations for medication have become difficult to obtain. The request was made that Optum lift the prior authorization requirement until they have a workable solution for the lengthy delays, especially for individuals coming out of state hospitals. Authorization delays and lengthy hold times are straining businesses and tying up valuable employee time. Callers are put on hold for three or more hours.

They commented that changes, such as the Case Manager duties, are not communicated to the providers and provider associations. They stated that there is a lack of rendering services guidelines. Rural areas are suffering with the non-reimbursement of Case Managers for care coordination. It was requested that the reimbursement schedule and the level of care process be revisited, with input from providers. Payment delays are causing unpaid employer taxes, despite repeated claims from Optum that they would pay like the previous system.

Psychosocial Rehabilitative Services (PSR) requirements by Optum have been cut, impacting clients' desires to live like "other folks." An Optum representative said parents should case manage like "normal parents," which is not an appropriate response.

Requests were made to restore preventive dental services.

Optum requires medical practitioners to have digitized records and have a full-time practice, which is forcing either purchase of the expensive program, or closure.

Quarterly reports for case management and PSR are no longer being received. Services are now crisis management driven.

They shared concern that Optum has broken promises and is in violation of their contract due to the complaint responses beyond two days and hold times that are in excess of two minutes.

Tracy Warren, Council on Developmental Disabilities; **Mark Mayfield** and **Sara Lloyd,** Stepping Stones Services; **Bill Benkula** and **Nancy Luevano,** Idaho Residents; **Charlene Quade,** Attorney & Private Guardian, testified regarding Community Supported Employment (CSE).

They testified that Individual budget reductions have forced the Medicaid participants to choose a reduction in their CSE services. This decrease has removed the opportunity for these individuals to maintain jobs and independence. The wait list for state funded rehabilitation employment services has increased dramatically. They asked that budget modifications be made for employment and health and safety needs. Transitional services in high school allow competitive workers who, without these services, would fall through the cracks.

Kathy Mercer, Idaho Resident, testified **in support** of Medicaid Redesign as an important change and movement forward for Idaho.

Rachel Raue and **Glen Raue,** Idaho Residents; **Marilena Delgado, Genevieve Sylvia, David Lounsberry,** ICAN, expressed concern about insurance coverage and Medicaid loss. They requested a redesign to expand Medicaid to cover groups without coverage, including older working individuals and those who are too poor to qualify for insurance.

Van Beechler, IADDA, testified about the Children's Redesign. He stated that the crisis intervention services have overloaded some Case Managers. There are accessibility issues in rural areas. Crisis intervention services needs an intermediate level with a BA degree requirement.

Suzanne Jamison, Executive Director, Dental Hygienist Association, requested the formation of an oral access advisory task force to assess the dental hygiene practice, with an eye to increasing responsibilities. New models could be reviewed that would better utilize existing skills, training, and monies.

Chairman Wood(27) and **Chairman Heider** thanked everyone for attending and testifying. They stated that the issues expressed are important. Upcoming legislation and meetings will help the Committees address many of the concerns.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:30 a.m.

_____
Representative Wood(27)
Chair

_____
Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, January 27, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Children's Trust Fund Presentation	Roger Sherman Executive Director

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 27, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson (Chambers), Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: LeAnn Simmons and Elli Brown, Idaho Voices for Children; Jane Zick, Idaho AE4C; Maureen Durning, Butterfly TTT LLC; Daleen Nelson, Idaho REYC CCHC Program; Rob Lowe, DHW; Ericka Medalen, H&W; Lori Fascilla, Giraffe Laugh

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 22, 2014, meeting. **Motion carried by voice vote.**

Roger Sherman, Executive Director, Idaho Children's Trust Fund (ICTF), appeared before the committee to present information on the Fund, which began in 1985. He explained that the blue pinwheel is the national symbol for the aspiration that all children will grow up free from abuse and neglect. The ICTF Board consists of ten members, seven from each judicial district, and three individuals who are either elected officials or from state departments.

A recent Adverse Childhood Experiences (ACE) Study done by Kaiser Permanente and the Centers for Disease Control (CDC) indicated long-term health effects and increased risky behaviors directly related to childhood abuse and neglect. Additional studies have determined that children's developmental abilities are also impacted by neglect and abuse.

In 2010 the national cost for child maltreatment was $80 billion. That same amount could have sent one million children to college (at $80,000 per child), or paid the salaries of two million teachers (at an average salary of $40,000), or paid the salaries of one million six hundred thousand police officer (at an average salary of $50,000). The CDC estimates a lifetime cost of $210,012 for a single case of non-fatal child maltreatment. At that amount, Idaho's cost for the 987 maltreated children in 2012 would be over $200 million.

Child abuse and neglect are preventable. 1990 to 2010 national and Idaho statistics for sexual and physical abuse cases show a significant decline as a result of programs addressing their issues. Unfortunately, the number of cases of neglect in that same time period show only a 10% nationwide decrease and a 6% increase in Idaho.

Mr. Sherman stated the seven state regions fund a variety of organizations that focus on what adults can do to change the abuse and neglect statistics for kids. He described a few of the programs, such as Darkness to Light, Babysteps, and Circle of Parents, which foster parental support and empowerment. Mountain Home Air Force Base has been very involved in programs designed for their particular stress situations. ICTF is also working with the Department of Corrections to provide a smoother transition when incarcerated parents return to their families.

Major focuses to prevent abuse and neglect include awareness, education, strengthening families, and strengthening communities. Collaboration and coordination with cross agencies and systems, both public and private, promote connectivity.

Sources of funding include tax return donations, interest on the trust fund, grants, direct donations, and the Community Based Child Abuse Prevention Federal Grant (CBCAP). The ICTF uses half of their annual funds to cover costs and deposits the remaining half into a long-term trust.

Responding to Committee questions, **Mr. Sherman** said there are several successful programs that can increase their effectiveness by working across systems. Working with young or teen mothers is proving very fruitful. Increasing high school parenting programs would be great to get kids thinking about the issues of parenting while learning. This would address the shaken baby syndrome incidences, which are increasing. Community partners are important to make an impact and touch families around the state.

Mr. Sherman explained that more children die from neglect than abuse. Neglected children have serious physical, emotional, and mental problems, even into adulthood. They are more likely to have depression and attempt suicide, with feelings that no one cares about them. They are finding a connection with neglect and maternal depression, which is a potential area for programs.

The increasing poverty level is also an issue when the inability to provide for their family causes depression and neglect. Although the least understood cause, it makes up 70% of total maltreatment cases. ICTF is targeting programs that build protective factors and parental resiliency through social and emotional support.

Mr. Sherman described their small staff, which is comprised of an Executive Director, a part time Administrative Assistant, and a part time Grants Manager. ICTF exists as a catalyst for funding, training, and providing connections across the state. They have no additional staff around the state.

ICTF is included on state income tax forms, along with other groups, as a voluntary tax donation recipient. **Mr. Sherman** explained that grants range from $3,000 per year to three-year grants totalling $40,000. Their internal paperwork process is very streamlined and their focus is that of a catalyst for large and small organizations to help strengthen programs for children and families.

Evaluations are done by the groups and the ICTF though protective factor surveys. This can encourage expansion of existing programs or implementing new ones. **Mr. Sherman** said it is amazing what is done with small amounts contributed to eager organizations and he is hopeful that pending legislation will allow larger grants.

Mr. Sherman said he would provide the trust fund balance information to the committee.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:43 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, January 28, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Board of Pharmacy	
H 348	Uniformed Controlled Substances	Mark Johnston Executive Director
H 349	Uniformed Controlled Substances	Mark Johnston
H 350	Pharmacy Board	Mark Johnston

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 28, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Mark Johnston, BOP; Kristyn Kirschenman, Risch-Pisca; Ken McClure, IMA; Ron Hodge, IMA/PRN; Elizabeth Criner, ISDA/Pfizer

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 15, January 16, and January 17, 2014, meetings. **Motion carried by voice vote.**

H 348: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **H 348**, legislation that allows distribution of an individual's Prescription Monitoring Program (PMP) information to their designee. It is easy to include a signed designee authorization among the other contracts Physicians Recovery Network (PRN) enrollees complete. This will allow recovery of information that could help during recovery periods. Responding to a question, Mr. Johnston stated that they envision a simple notarized designee form.

Ken McClure, Attorney, Idaho Medical Association (IMA), testified **in support** of **H 348**, stating that this will be a useful tool to validate that a substance abuse impaired physician or nurse practitioner is, in fact, clean.

Ron Hodge, Attorney, Representing the IMA and its Physician Recovery Network (PRN), testified **in support** of **H 348**. He described the PRN as a peer assistance entity within the IMA that was formed in 1986 under Idaho Title 54, Chapter 44. Among the services they provide are advocating and monitoring those participating in the recovery program. Entrance to the program can be either at the direction of the Board of Medicine or voluntary. Upon return from a treatment facility, a five-year contract with the PRN is signed. At that point the individuals are monitored at their workplace, which means they must inform coworkers and the hospital of their situation. They must submit to drug screenings and attend Alcoholics Anonymous and group meetings. Previously participants have not been forthcoming reporting what prescription or over-the-counter drugs they are taking. This is part of their recovery program; however, when not in recovery, there is substantial opportunity to withhold this information. This provides third party objective resource access and will change lives in the future.

MOTION: **Rep. Chew** made a motion to send **H 348** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 349: **Mark Johnston** presented **H 349**, that accomplishes their statutory requirement to update Idaho's schedule of controlled substances annually. Added to schedules are: Two designer steroids, Prostanozol and Methasterone listed in Schedule III; One depressant, Alfaxalone, listed in Schedule IV and used as an anesthetic in veterinary medicine; and, Lorcaserin, a substance listed for weight loss in Schedule IV.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to send **H 349** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

H 350: **Mark Johnston** presented **H 350**. He explained the Board's expanding responsibilities, which include the Idaho Wholesale Drug Distribution Act that mandates distribution of drugs only to a person licensed by the Board of other appropriate licensing authority. This legislation requires a wholesale distributor only furnish controlled substances to those who possess a DEA AND an Idaho controlled substance registration. It also expands the definition of state licensure to include the US Territories.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to send **H 350** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:24 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, January 29, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Bureau of Occupational Licenses	
H 354	Counselors and Therapists	Roger Hales Administrative Attorney
H 355	Social Work Licensing Act	Roger Hales
H 356	Podiatrists	Roger Hales

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, January 29, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Vander Woude
GUESTS:	Dain Johnson, Office of the Governor; Joan Cloonan, Board of Social Work Examiners; Heidi Low, Academy of Family Phsycians

Chairman Wood(27) called the meeting to order at 9:02 a.m.

H 354: **Roger Hales**, on behalf of the Idaho State Board of Counselors and Marriage and Family Therapists, presented **H 354**, legislation that proposes an addition to the Board's authority to promulgate standards and requirement Rules for the use of communication technology in the practice of counseling and marriage and family therapy. The Rules could cover voice, text, e-mail, and video conferencing. They could also address security, confidentiality, and a variety of forms.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Morse** made a motion to send **H 354** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented that a unified approach needs to be considered by the various licensing boards for an over-arching process for telehealth issues. **Roger Hales** stated the boards supported by the Bureau of Occupational Licenses have a subcommittee of members from each profession who are reviewing possible Rules. He will encourage them to reach out to other medical groups and psychiatrists to achieve consistency.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 354** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 355: **Roger Hales**, on behalf of the Board of Social Workers Examiners, presented **H 355**, legislation identical to the previous legislation to promulgate communication technology, except that it is in the practice of social work, as it relates to client communication.

Robert Payne, Licensed Clinical Social Worker, testified **in support** of **H 355**, stating he agrees collaboration is the best way to increase accessibility of care in rural communities and provide electronic media supervision.

MOTION: **Rep. Morse** made a motion to send **H 355** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hancey** will sponsor the bill on the floor.

H 356: **Roger Hales**, on behalf of the Idaho State Board of Podiatry, presented **H 356**. Clarification is made that exams are national, with the subsequent removal of exam fees, and the Board can discipline an individual in violation of the law and Rules, with a section addressing failure to comply. Additional changes allow the adoption of an active license, clean up archaic language, and allow the Board to charge an original license fee that is less than the renewal fee. New references to the Administrative Procedures Act are added, consistent with other state agencies.

Responding to questions, **Mr. Hales** said the Board's disciplinary action changes provide the flexibility to require additional continuing education and impose disciplinary requirements, in compliance with the Administrative Procedures Act. Membership in the state association is voluntary; however, a license is necessary to practice in Idaho. The Board can always be contacted when issues arise.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Morse** made a motion to send **H 356** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Morse** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:27 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW42
Thursday, January 30, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Optum Health Behavioral Health Managed Care Implementation Update	Richard Armstrong Director Dept. of Health & Welfare Becky Divittorio Executive Director Optum, Idaho

There Will Be No Public Testimony

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, January 30, 2014

TIME: 9:00 A.M.

PLACE: Room EW42

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Greg Dickerson, Human Supports of ID; Paula Bartholemeux, Community Outreach Counseling; Darci Moreno, Andrea Emmons, Jeff Moreno, Core Counseling Center; Cindy O'Brien, A to Z Counseling; Kathie Garrett, NAMI Idaho; Paul Leary, DHW; Bibiana Neetney, Community Parnerships; Amy Korb, Riverside Rehab; Becky diVittorio and Jeff Berlant, Optum Idaho; Pam Goins, CSG; Susan Koepnick, A+ Solutions; Stacy Satterlee, ACS CAN; David Simnitt and Pat Martelle, Medicaid; Michael Skelton, All Seasons; Julie Taylor, Blue Cross

Chairman Wood(27) called the meeting to order at 9:01 a.m.

Richard Armstrong, Director, Department of Health and Welfare (DHW), gave a history of the behavioral health system reform and subsequent contract with Optum, which went into effect September, 2013. He reported weekly review meetings assess operations and immediately address any issues. Optum's contract is only for outpatient services because the previous system was very fragmented and this area of the transformation needed to be addressed first. Bonuses and penalties are a part of the contract incentives. Future plans for behavioral health physical medicine combine the outpatient and inpatient systems. With the number one goal of assuring provider payments, the initial one-payment-per-week cycle proved inadequate and was increased to a twice-weekly cycle, which appears to be working much better. Other issues are being responded to on a priority basis.

During the first sixty days of the contract prior authorization was not required. Authorizations are for a ninety-day period, so authorizations from September and October will be up for renewal in January. In late November the dashboard review of call center volumes indicated a wait time problem that dropped to acceptable levels and rose again in December, without a reversal. In evaluating the situation, **Director Armstrong** said the Department should have been more aggressive in seeking solutions. With that realization, they are now committed to being more vigilant. He stated any other issues will be addressed before they become a public problem and will not deter their focus from the customers they serve.

Craig Herman, Senior Vice President, Optum Specialty Networks, is responsible for Optum's Idaho contract. He explained the two key responsibilities for managing outpatient services. The first is access to the best and most appropriate services. The second is to assure that dedicated funds are used appropriately, effectively, and efficiently. The guidelines established by the national behavioral health organizations indicate prior authorization to identify if a member is being under served or is receiving non-medically necessary care. Optum had not anticipated the volume, length, and complexity of the calls they received. Their initial fixes and incremental staff proved insufficient and he apologized for the confusion and impact to the providers. Their ongoing commitment to answering calls promptly has led to staff additions and process simplification. This has dropped the call answering speed this week to an average of two and a half minutes.

Becky diVittorio, Executive Director, Optum Idaho, appeared before the Committee. She described her career and goal to assure quality health care is delivered to her family and community. She expressed her belief in the joint vision of Optum Idaho and the State.

Optum builds systems of care by enhancing the member experience, managing financial risk, managing provider networks, managing clinical care, and providing an outcome-based system. Their local team works with their national organization to meet Medicaid mental health needs to ensure members are getting needed community support. The Optum team consists of 45 Idahoans in Meridian, as well as regional network and care managers.

The Optum vision is to enhance current successes and help people access the mental health and substance use services they need to reach recovery and resilience. They plan to: develop a system of care founded on evidenced-based practices, expand the array of covered services; engage consumers in recovery and resiliency; enhance the crisis response system; and, strengthen the stakeholder role in system design.

Only in partnership with providers can a comprehensive system of quality care be created. At present, there are over 3,100 providers in the network. Optum will collaborate to provide educational training opportunities through interactive online and local training sessions. They will also work with providers to improve the claims system efficiency, effectiveness, complaint turn around time, and billing concerns.

Developing a member-centric recovery model builds on the strength of the individual to develop goals and whole health plans to achieve those goals, with an emphasis on community natural supports for self-monitored behavior. This is different from the symptom focused model. Member recovery focus occurs through increased access to care, expanding provider networks, monitoring for fraud and abuse, delivering value added services, including peer support services, and improving crisis response.

Ms. diVittorio discussed the average call answering speed from the week ending September 7, 2013, through January 25, 2014. She said an increase in call response time began in October and dramatically increased in January. The additional personnel and procedural changes have dropped the time back to the two-minute average.

Claims processing is above the contractual obligation, with payments in one to ten days.

Their enhanced clinical program uses approved national and local criteria to identify cases requiring further clinical review to ensure consumers are receiving services that support recovery and resiliency, and are in the right treatment at the right time in their lives. Accurate diagnosis linked with evidence-based practices provide effective treatments and results.

By increasing the number of clinicians providing telepsychiatry care, they have improved the care in rural communities. Peer support services offer help to members by someone who is in recovery from their own behavioral health issues. The Member Access and Crisis Line ensures all Medicaid members have access to help during a crisis.

Responding to Committee questions, **Director Armstrong** said the public hearings stressed the severity of the call response problem, which they thought had been resolved when it first appeared in November. Even with the high traffic times that occur at certain times of the day, it was clear that this growing issue needed prompt attention. **Ms. diVittorio** added that an analysis in October helped them understand the volume and complexity of the calls they were receiving, which was greater than expected. This led to additional resources that added four people to the call lines.

Answering questions, **Ms. diVittorio** stated that Optum has a Masters level clinical supervision requirement, which may affect existing providers. Her office has responded to some requests for copies of their contract, a public document, and they are willing to help interpret any part of it. Statewide provider forums were held prior to going live and multiple sets of information explaining changes and requirements were given during provider contracting. She said they are providing quick turnaround times on claims, with a provider call line for specific issues.

Mr. Herman explained Idaho is the only state specifically providing outpatient behavioral health services. Every state they contract with is at a different stage in their transformation. **Director Armstrong** also answered the question, stating this is the DHW's first behavioral health managed care contract. They researched and used enhancement consulting services during the contract development. He emphasized that they knew this would be a learning curve for the Department and would require an experienced vendor.

Dr. Jeffrey Berlant, Chief Medical Officer, Medical Director, Optum Idaho, was invited to answer committee questions. He said the main utilization management focus is to look for under-serviced Medicaid individuals. The Category Three Request is reviewed to determine problems needing management and if appropriate services are provided, which is part of the issue with the length of calls. He explained the determination of services approach is based on the medical needs of each member being reviewed. In some cases members request services, often existing, that do not provide the best recovery outcome.

Ms. diVittorio explained that "members" are the individuals enrolled in Medicaid and the Idaho Behavioral Health plan and are who they service.

Mr. Herman responded to a question, stating that the call response increase reflected a higher amount of calls than anticipated and a lack of staff. By adding staff and process streamlining they have been able to drop the response time dramatically. This will be monitored closely to assure they are within the two minute contract requirement and will evolve the process as necessary to assure continued efficiency and short call response times. They did not suspend the prior authorization requirement, but did streamline the process.

Ms. diVittorio said their services are in scope for outpatient behavioral health systems, as defined in their contract, with the addition of peer, family, and community transition support services. This moves the members toward a coverage resiliency care model and helps develop a system of care focused on member recovery and resiliency. They focus on delivering Medicaid appropriate services and most appropriate for the member. Provider denials are also given in written form and include the rationale behind the denial.

Dr. Berlant stated that there are no blanket restrictions on psychosocial rehabilitation. There is a parallel set of services that covers many, if not all services for members with mental health disabilities. The review includes a view to the outcome of adding to the services being received. They are committed to providing medically necessary, effective treatment for mental health and substance abuse issues, including mental retardation, no matter what the intelligence quotient level.

Responding to questions, **Director Armstrong** said they reassigned staff within the Department to oversee the contract. He admitted that their monitoring indicated a call response problem, but they didn't respond as quickly as was necessary. Providers are aware that they can contact him, as evidenced by emails he already is receiving. He replied that the three cases mentioned specifically at the public hearing have been reviewed. All three were fully staffed, which indicates their behavior occurred beyond management and therapy. It was not an issue of benefits, just that the benefits didn't prevent the crises.

Director Armstrong further explained their review indicated outpatient services were not resulting in a better state of wellness. The unorganized delivery system proved a difficult conversion to a diagnosis and clinical base of service. He stressed this is a transformation, not just a movement of individuals and providers from one system to another. They need to coordinate services around an individual more than ever before and he expressed his confidence that the goal will be reached. After four months of the contract, the claims volume appears reasonable, with no system dollars lost with the effective treatment refocus. He expects the dollars to shift to service codes to be more clinically driven than in the past. He agreed to provide daily call time reports to the Legislature. Director Armstrong said existing staff was reassigned to oversee the managed care contract.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:25 a.m.

_____

Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Friday, January 31, 2014

SUBJECT	DESCRIPTION	PRESENTER
H 357	Bureau of Occupational Licenses - Speech & Hearing Services Practice Act	Tana Cory Bureau Chief
	Department of Health & Welfare	
H 352	Public Assistance / Child Access Card	Matt Wimmer Bureau Chief
H 353	Children's Trust Fund	Roger Sherman Bureau Chief
RS22687	Midwives	Kris Ellis Idaho Midwifery Council
RS22697	Public Assistance - Technological Tools	Rep. Ed Morse

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Friday, January 31, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Rusche

GUESTS: Roger Sherman and Rosie Degadillo Reilly, Idaho Children's Trust; Shannon Dunstan, State Dept of Ed; Laura J. Mahan, YMCA for Idaho Children's Trust; LeAnn Simmons, Elli Brown, Danielle Kuhrt, Idaho Voices for Children; David Simnitt, Medicaid; Tana Cory, Occupational Licenses; Rob Luce and Matt Wimmer, DHW; Kendra Knighten, Governor's Office; Kris Ellis and Tony Smith, Id. Midwifery Council; Daleen Nelson, IDAEYC

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to accept the minutes of January 20, January 21, January 23, January 24, January 27, and January 28, 2014. **Motion carried by voice vote.**

H 357: **Tana Cory**, Chief, Bureau of Occupational Licenses, presented **H 357** on behalf of the Speech and Hearing Services Board. The current quorum definition is being amended to strike the requirement that one member of each profession and the public member are present. The change does not modify the number required for a quorum but it will allow the Board to better respond to those it serves by providing a relevant profession Board member is present.

Responding to questions, **Ms. Cory** said the Board physically meets four times a year to review and approve budgets and expenditures. They rely on conference calls during the interim to deal with applications and other situations. This becomes important when a Board member is unavailable and an applicant's job is pending.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **H 357** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

H 352: **Matt Wimmer**, Bureau Chief, Medical Care, Division of Medicaid, Department of Health and Welfare (DHW), presented **H 352**, legislation to update the Medicaid Premium Assistance Program, known as Access to Health Insurance (AHI), that purchases private insurance for individuals not qualified for Medicaid health coverage. Federal authority for program funding was to sunset at the end of September, 2013, with a temporary extension bridge negotiated to allow coverage transition to the Health Insurance Exchange or other insurance programs, preventing coverage duplication.

Responding to Committee questions, **Mr. Wimmer** explained that 70% is federal funding and 30% is State of Idaho revenue from an insurance premium tax dedicated to support this and other programs.

Paul Leary, Administrator, Division of Medicaid, was invited to testify. He explained that this pilot program was set up to handle a maximum of 1,000 people and only reached about 350 adults. Of that group, any above 100% of the Federal Poverty Level (FPL) will be able to buy plans on the Exchange.

Mr. Leary further explained this program works with small business adult plans and does not affect the Children's Health Insurance Program (CHIP). In 2014 legislation allowed the shifting of funds not used by the Medicaid AHI to CHIP, which was expanding rapidly. In October, 2015, the federal funding of CHIP will increase by 23%, providing 100% federal funding for CHIP, eliminating any state funding. The extension bridge for funding the AHI provides a three-month stop gap for extra time to help individuals under 100% FPL to find coverage. New enrollees are possible and a waiver extension could return in the form of 2015 legislation. All individuals above the 100% FPL have transitioned to the Exchange. These changes will have no impact on the premium tax. This program has been available to any qualifying small business.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Malek** made a motion to send **H 352** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Vander Woude, Hixon, and Perry** requested they be recorded as voting **NAY. Rep. Malek** will sponsor the bill on the floor.

H 353: **Roger Sherman**, Executive Director, Idaho Children's Trust Fund (ICTF), presented **H 353**. The ICTF was established to prevent child abuse and neglect by partnering with citizens, communities, organizations, and state agencies to provide a system of prevention using the best research-based practices. **H 353** updates the original statute and brings it into actual practice compliance. It also expands the Board's authority to secure private or grant funding. The ICTF's trust fund account has a current balance of $1,359,758.36 and no General Funds have been requested or received. A decline in state tax donations and the trust fund interest have made it evident that additional funding sources are necessary. Also updated are provisions for a full-time Executive Director, additional staff, rent office space, purchase supplies, and the Board authority to set salaries.

Responding to Committee questions, **Mr. Sherman** explained that he would remain in the full-time Executive Director position; however, the changes note the position in statute and provide salary reviews by the Board, with raises coinciding with the existing state plan.

Rob Luce, Administrator, Division of Family and Community Services, DHW, testified **in support** of **H 353** explaining that Idaho Code 39.60.08 states the DHW is responsible for the management and accounting of monies expended by the ICTF.

MOTION: **Rep. Morse** made a motion to send **H 353** to the floor with a **DO PASS** recommendation.

Answering additional questions, **Mr. Sherman** said a clarification was made to appointments to the Board. Previous wording was ambiguous and the new wording clarifies that appointments to three state positions are by the specified Department or state agency officials. They are able to utilize many of the DHW services and have few administrative costs. Additional staff is used to support and build statewide outreach, collaboration, and program development.

Rosie Reilly, ICTF Board Member, Region 3, testified **in support** of **H 353**, stating the statute change provides tools to raise money to support their community-based work. In her career, she has seen the consequences of abuse and neglect, which follow into adulthood and cause mental health issues. The Board is interested in bringing current practice and the existing statute into alignment.

Mr. Luce, was asked to respond to a Committee question. He explained that the Executive Director change to full time will increase **Mr. Sherman's** weekly hours from 39 to 40. Two existing part time employees will continue in their current capacity. This is a natural evolution of the Fund, with changes to match what it has become, is doing, and wants to do in the future.

Responding to a question, **Mr. Sherman** replied that allowing for monetary receipts has been confusing without statute authorization. They currently do little soliciting and see the growing need to do more.

Shannon Dunston, ICTF Board Member, Representing Superintendent Luna, testifying **in support** of **H 353**, remarked that prevention from abuse and neglect will improve school learning. Maltreated children receive lower scores and exhibit abnormal social behaviors that often lead to suspension. The ICTF and State Department of Education work together to provide child abuse and prevention training and shaken baby material to state educators.

Laura Mayhan, Executive Director, Youth Development Branch, Treasure Valley YMCA, testifying **in support** of **H 353**, said they have been training their staff in abuse prevention and are exploring ways to train parents. The ICTF has worked with them and the Stewards for Children Program in this effort. The ICTF has shown them how to leverage their small dollars for a greater impact.

Richard Johnson, Family Advocates Program, testified **in support** of **H 353**. He explained the Family Advocates Program for children removed from homes because of imminent danger. Mr. Johnson emphasized the growing number of children being impacted by abuse and neglect and prevention's role in improving homes. Their Baby Steps Program strengthens young families and, with a three-year ICTF grant, they have been able to strengthen the program with services that address measurable outcomes and national standards.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 353** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hancey** requested he be recorded as voting **NAY. Rep. Morse** will sponsor the bill on the floor.

RS 22687: **Kris Ellis**, Idaho Midwifery Council, presented **RS 22687**, proposed legislation that replaces **H 401**, which allowed a mother to go 82 weeks without giving birth and has been clarified to a lesser time frame. The other change corrects a second sunset date that occurred through a mix up in the Legislative Services assignment of statute numbers.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22687. Motion carried by voice vote.**

RS 22697: **Rep. Ed Morse** presented **RS 22697**, proposed legislation that provides additional technological tools for public assistance fraud prevention or fraud abatement. Adaptable software, available to government agencies, is used by credit card companies to spot anomalies in spending patterns and notify customers. With this software, provider patterns can be noted and applied for fraud audit and control. It would also provide statistical profiling, analytics, data modeling, and recovery audit contractors.

Rep. Morse stated the cost benefit use analysis to implement and employ a reward program is provided, but not mandated. This proposed legislation also authorizes rules for implementation of provisions in the Affordable Care Act and mandates, when available federal funds and cost shares are to be utilized. It also requires an annual report to the germane Legislative Committees, so success and deterrent effect are public information.

MOTION: **Rep. Hancey** made a motion to introduce **RS 22697.**

Responding to questions, **Rep. Morse** said the impacts include available state cost share decrease from 70/30 to 90/10, and the potential revenue increase from the success rate and the degree of deterrents. There will be software costs, but the DHW suggests the effects will be cost neutral. This legislation, originally addressing Medicaid fraud, was expanded to include all public assistance programs. He said the Idaho Medical Association and Idaho Hospital Association have reviewed this proposed legislation.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22697. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:27 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 03, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare Budget Presentation	Richard Armstrong Director

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 03, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Michael Farley, Russ Barron, Paul Leary, Elke Shaw-Tulloch, Cameron Gilliland, DHW; Elli Brown, Veritas Advisors; Stacey Satterlee, ACS CAN; Elizabeth Criner, ISDA / ACS-CAN

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Richard Armstrong, Director, Department of Health & Welfare (DHW), presented the DHW budget overview, Medicaid eligibility or readiness with the federal marketplace integration, three initiatives for State Fiscal Year (SFY) 2015, and the "Livable Wage" impact on public assistance programs.

Director Armstrong explained the federal, general, dedicated, and receipt fund sources that show a budget increase of 1.6%, for a total of $2.54 Billion. He noted the decline of -0.6% Receipt Funds is a result of the introduction of several generic drugs for which the drug companies do not give a receipt, a form of use reimbursement, since their generic profit margins are lower. He explained that generic drugs are added to the preferred drug list only when they are as effective and cost less than their brand name equivalent. Ninety-six percent of the drugs on the preferred list are generic.

Director Armstrong said the state-based exchange enabling legislation was so late that any state technology could not be ready and they had to use federal technology. The federal representatives agreed to use Idaho's Medicaid eligibility rules, send back any records that qualified for Medicaid, and we agreed to send them records that qualified for a tax credit. Unfortunately, the federal system was built with no escalation protocol and has been sending out Medicaid eligibility notices in error, leaving Idahoans caught between two bureaucracies and unable to enroll in anything. Weekly conversations continue, but the sooner Idaho is off the federal technology, the sooner the issues can be resolved and an escalation protocol can be designed. The final vendor selection is underway, with candidates who truly understand how Idaho's Medicaid system works and the errors in the federal system.

Three behavioral health crisis centers are proposed to build community support for people dealing with behavioral health issues. This adds a safe and cost-effective response to law enforcement's request for better ways to help individuals in crisis. The centers would provide immediate needs assessment, serve as hubs for other community-based and peer support services, and be part of the state behavioral health system reform. The initial request for three crisis centers will be modeled after similar facilities in other states. Future statewide expansion is planned, depending on approval, costs, utilization, and sustainability.

The child welfare pilot (IV-E) provides an alternative use of federal funds to reduce foster care entries. The previous financial incentive was based on the quantity of children in foster care. Long-term outcomes for children improve if families can safely remain together as problems are addressed. The five-year pilot could improve the national model of child welfare funding.

The State Healthcare Innovation Plan (SHIP) is a public/private initiative to transform our healthcare system from volume-based to value-based, with improved patient outcomes. SHIP brings together payers, providers, citizens, and communities to discuss the move from paying for services to paying for healthy outcomes. We currently pay for service units no matter the outcome. Together, as a state healthcare system and collection of payers, we will see better outcomes, more efficiency, and lower cost.

The public assistance program has experienced a significant increase in the number of participants. **Director Armstrong** explained that 98.5% of the small amount of state cash assistance goes to the elderly, blind, disabled, or children raised by grandparents. Four out of five recipients receive a monthly payment of $53. Adults receiving cash assistance are required to be engaged in work search or preparedness, have a 24-month service limit, and have no program re-entrance.

Medicaid participation grew from 10.3% in 2001 to 15.5% in 2013. The Food Stamp program increase indicates new applications received during the recession from people using other community sources that dried up. As the recession progressed dual wage earner households became single wage households and were able to provide their own day care, which lowered the child care numbers. Unduplicated participants, those counted in a single program, increased from 13.4% in 2003 to 20.2% in 2013.

Describing the CATO Report, issued in August from the CATO Institute, **Director Armstrong** said it was published under the guise that welfare inhibits people from working. However, the study, using a "typical welfare family" of a single adult and two children, found a dramatic state-to-state variance in benefit values. This has changed the national perception that households can live comfortably on only welfare funds. Idaho was found to offer the lowest welfare benefits that are very stringent. In the same report, Idaho was ranked number one for the highest percentage of adult Temporary Assistance for Needy Families (TANF) recipients participating in work activities.

Food Stamp enrollment peaked in January, 2012, during the recession. Idaho shed 60,000 jobs; half in the manufacturing and production of goods. During recovery, we have regained 40,000 jobs that are heavily weighted to the lower wage service industry.

Lowest in the nation, our median income is $23,200 or $11.15 per hour. The national median income is $29,538 or $14.20 per hour. Many Idaho incomes fall below the minimum standard of living, requiring private, family, or government assistance. Our citizens must earn a "livable wage" to reduce their need for private or public assistance.

Director Armstrong described an Idaho livable wage study using the same typical family as in the CATO Report and the Massachusetts Institute of Technology's Living Wage Calculation. It determined that a hourly wage of $22 provides a livable family income; however, the state's median hourly wage of $11.15, with a tax credit adjustment, leaves a monthly hourly deficit of $5.78. This indicates the need for additional supporting funds to achieve the livable wage point. Nationally, Idaho has one of the highest rates of workers holding down more than one job.

Several projects are being developed to provide a livable wage. Project 60 cultivates a highly skilled workforce, improves the statewide business infrastructure, recruits businesses to Idaho, and markets Idaho products worldwide. The "K-Career" workforce development initiative maintains a continuum of education and training opportunities. Even with progress, **Director Armstrong** emphasized a livable wage cannot be achieved overnight. People will need assistance until the state can rebalance equitable wages.

Responding to Committee questions, **Director Armstrong** said personnel decreases over the last five years had an impact on every division, with the largest at the South West Idaho Treatment Center (SWITC). The free clinics will continue to operate. The merger of the Mental Health and Substance Abuse Boards will provide additional outreach opportunities and add more community-level service. Telepsychology, already proven effective in clinics and health facilities, is a tool to provide more rural mental health services.

Director Armstrong has been in discussions with the federal system referring ineligible people to Medicaid. If they were to accept those ineligibles, 30% of the cost would have to be paid, with a future audit finding noted due to their ineligibility. The Department expects a number of these families will go ahead and enroll their children through the Health Care Exchange, instead of CHIP.

The Food Stamp Program requires that qualified adults participate in job search or job readiness. The Department has used a contractor to engage those individuals for job preparedness. There is a high correlation between Medicaid and Food Stamp benefits, since Medicaid alone doesn't provide for job readiness.

Part of this year's legislation formally addresses peer support specialists in Statute and Rule. There are already individuals who can be certified and trained for these Crisis Center positions. The Crisis Centers assess and determine an individual's needs. **Director Armstrong** described in-home crisis supports used previously during a transition from one type of program to another. This was very successful and highlighted that persons in crisis are not usually on their medications. If they can be engaged to return to their medications, homes, and jobs, they can return to the community quickly for stabilization. The Crisis Centers help build community-based support by turning to community resources, paid or voluntary, that provide the broadest support and the best outcomes so individuals can remain in their homes and productive in their communities. This will be a separate group of individuals who may be working in and out of the facilities, like the Department Caseworkers, depending on the patient in the Crisis Center. The Centers will be a gathering place for multiple disciplines to deal with that individual in that situation.

During the recession reductions occurred in the number of Case Managers; however, the clinics remained open. With the impact of Crisis Centers unknown, statistics will be monitored to determine if outcome changes are occurring. This project will be an ongoing refinement of services and processes. Private industry will increase as reimbursement for services funding becomes available. **Director Armstrong** said he expects this to take a number of years, but anticipates the success will lead to additional centers and build out the system.

Director Armstrong stated that a benefit gap exists for citizens whose income is below 100% of the Federal Poverty Level (FPL). They will continue to be part of the delivery and responsibility of free clinics, Catastrophic Fund, hospital charities, and physician charities. The Crisis Centers will help the entire population assure society is safer, by providing a place where someone feeling in crisis can come and be referred to services. The Centers will provide easier access to help and break down existing stigmas for anyone feeling stressed or challenged. Services and medications will be available through the existing clinics. Getting to everyone at the right moment is addressed better with open and public Crisis Centers.

The Centers are expected to evolve as a solution for the indigent health care delivery system is found. They can become behavioral and mental health clinics. If at that point behavioral health has coverage, then these not-for-profit clinics would have no clients and would evolve into quality behavioral health system management facilities. **Director Armstrong** is of the opinion that the Crisis Centers will continue since someone in crisis may not know what to do and the need for a facility where anyone can go for help. A crisis can happen at any time of the day, often before the individual knows it is occurring. The facilities may evolve into community-based, instead of state-based, centers. The unique combination of frontier, rural, and urban population areas in our state will require different models. Some areas will require a more distributed system, but quality services need to be delivered, no matter where the citizens live.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:04 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 04, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Department of Health & Welfare	
16-0309-1301	Medicaid - Basic Plan Benefits	Pat Martelle Program Manager
16-0310-1301	Medicaid - Enhanced Plan Benefits	Pat Martelle
	Budget Recommendation	Rep. Fred Wood

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson(Chambers)
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 04, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Morse

GUESTS: Paul Leary, Pat Martelle, David Simnitt, DHW; Becky diVittorio, Optum; Colby Cameron, Sullivan & Reberger; Kathie Garrett, NAMI; Dennis Stevenson, Administrative Rules; Parker Papworth, Lobby Idaho; Amber Pense, City of Boise

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes for January 29, 2014. **Motion carried by voice vote.**

DOCKET NO. 16-0309-1301: **Pat Martelle**, Program Manager, Mental Health & Substance Abuse, Medicaid Division, presented **Docket No. 16-0309-1301**, Pending Rule changes that describe the general requirements applicable to a managed care contract, which is currently with Optum Idaho, focusing on the necessary requirements for administration of Medicaid funded behavioral health services.

The 1915(b) Freedom of Choice Authority Waiver impacts all Medicaid participants by waiving their right to choose a provider, so one statewide managed care company can administer Idaho's health care program. The Idaho Behavioral Health Plan (ibhp) includes ten behavioral health benefits which are the same as those found under the fee-for-service care model. Additional benefits can be obtained outside of this waiver and Rule.

Rules require medicaid participants enroll in a statewide outpatient health plan and integrates various services into one behavioral health system with a care management process. All changes are targeted to the managed care contractor, not the provider network, since they are no longer enrolled directly with the ibhp. Rules applicable to the fee-for-service system are deleted, since they would lead to confusion with providers, the existing contractor, and would leave the DHW without contract management authority. The DHW is committed to working with the contractor and stakeholders in a collaborative fashion to promote and assure better member outcomes.

Responding to questions, **Ms. Martelle** said the contract contains specific appeals language, including a clinical review, which Optum has included in printed materials. Medicaid participants retain their right to a fair hearing. She described the appeals process of two clinician levels and DHW review.

Ms. Martelle stated that the Department has a long-term transformation plan, with moving to managed care as the first step. The existing contract includes the opportunity for Optum to decrease hospitalizations based on contractual incentives for a monitoring inpatient utilization process. She agreed to make monitoring reports available to the Committee.

The 1915(b) Waiver allows new benefit development from the cost savings derived from this service delivery model.

Paul Leary, Administrator, Division of Medicaid, was invited to answer questions by the Committee. He said the current capitated contract pays a per-member per-month rate, so they can measure services and cost savings. The Waiver allows use of federal dollars for additional services. The capitated contract puts the risk of increasing costs and loss on Optum.

Answering a question, **Ms. Martelle** responded that Optum is required to work with the members, providers, and other stakeholders for their input on community identified needs. It is expected that the DHW will facilitate this process.

Mr. Leary further explained that a capitated rate arrangement cannot be exceeded; but, there is an annual readjustment and actuarial rate analysis. The Division of Purchasing owns the Optum contract and the Department is working to provide a contract website link that would also reflect any updates.

Ms. Martelle explained that providers are employed by Optum, who has a handbook and other written material on their website. It is understandable at the lay level and is given to providers as they enroll with Optum. The weekly data meetings produce a report that will, once the process is stabilized, be monthly.

Kathie Garrett, on behalf of NAMI Idaho, testified that NAMI asks that the Rules not be eliminated, expressing concern for contract access, member eligibility rights, grievance processes, possible issues with due process rights, and fair hearings in accordance with the Administrative Procedures Act.

Mr. Leary was invited to comment on the concerns raised in **Ms. Garrett's** testimony. He explained that, under the managed care contract, there are additional appeals processes with different appeals layers that follow the managed care process, legislative statutes, and the Administrative Procedures Act. There are also urgent appeals for those members who are in crisis and need a faster appeals review.

Mr. Leary stated his commitment to provide contract access, both in its entirety and in sections. **Chairman Wood(27)** encouraged Mr. Leary to accomplish this quickly, notifying Chairman Wood(27) if the committee can help complete this task.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Hancey** made a motion to approve **Docket No. 16-0309-1301.**

Dennis Stevenson, Coordinator, Administrative Rules, was invited to answer a Committee question. He said the rules stricken from code are gone and, in this situation, the contract would have to be reviewed to know what has been replaced. The DHW reviews the contract.

Rep. Malek invoked Rule 38 stating a possible conflict of interest because he serves on the Optum Advisory Board and works for an organization that bills for Medicaid services.

Answering further questions, **Ms. Martelle** explained that the rules are being removed because the delivery system is changing completely and individual practitioners and agencies no longer work for the Department. The contractor is now responsible for all service delivery and providers. The contract is very specific about upholding the Rules along with the federal and state standards. Continued Rule and contract coexistence would create authority conflict and confusion.

Ms. Martelle said the contract requirements are set up to include responsibility for coordination of discharge planning and close monitoring afterwards. Assuring a seamless experience for the member is a goal of the Department, with Optum expressing similar values. They continue to work toward a perfected process. She stated that more aggregate outcome reports will be sent to the committee. Ms. Martelle added that they will work with any Committee member on any specific case outcome issues.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to approve **Docket No. 16-0309-1301. Motion carried by voice vote.**

DOCKET NO. 16-0310-1301: **Pat Martelle** presented **Docket No. 16-0310-1301**, which is a companion Rule change to **Docket No. 16-0309-1301** because the fee-for-service regulations appeared in two chapters that covered the now nonexistent basic and enhanced benefit plans. The only relevant remaining information is service coordination benefits, which apply to other programs.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to approve **Docket No. 16-0310-1301. Motion carried by voice vote.**

Chairman Wood(27) opened the DHW budget Joint Finance and Appropriations Committee (JFAC) discussion by listing the various budget categories.

Dave Taylor, Deputy Director, DHW, was invited to address the Committee. He explained each prioritized line item, beginning with Medicaid. Mr. Taylor stated that the proposed community Crisis Centers costs are included in the CHIP bonus receipt. He also stated the license and certification pay increases will retain and maintain license and certification work and keep the facility surveys in compliance.

In responding to questions, **Mr. Taylor** said the additional social workers for Child Welfare is a response to the federal recommendation to maintain the current eight positions with pay increases. The Department realized they had the funding option to either give the suggested pay increases to the existing positions or fill six vacant positions

Sarah Stover, Division of Financial Management, was invited to answer the question further. She explained that the requested additional full-time personnel could fill some vacancies previously impacted by budget constraints. There were two additional staff requests for welfare recovery positions. It is anticipated that these positions will generate enough findings savings to cover their salaries. There are no recommendations for additional internal audit staff.

Ms. Stover further responded that the Decision Unit -$11 million Governor's recommendation creates a health care assistance fund from the capitol restoration bond payment savings.

Answering a question, **Mr. Taylor** said the Division of Welfare's eligibility system integration total is 90% federal funds with an additional 10% from a federal food stamp program bonus. This is one time money for this integration project. Discussion with the federal entity indicates they are okay with this use of the bonus money. If the bonus were not used for this project the Department would use their discretion on where best to apply the funds. This bonus amount is expected to be $1,180,000.

Ms. Stover answered another question, stating that the additional Health Care Assistance funds supplant existing General Fund dollars, with no changes within the program, and will be deposited into a cooperative welfare account to offset current expenditures.

Chairman Wood(27) thanked the Committee for the discussion, stating that no decisions are necessary at this time. Review and discussion at a future meeting or with the Department are appropriate. He reminded the Committee that the internet budget book contains a lengthy explanation of each line item.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:18 am.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 05, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22505	Hospital Database	Rep. John Rusche
RS22506	Medical Assistance	Rep. John Rusche

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 05, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Corey Surber, Saint Alphonsus; SeAnne Safaii and Sue Linja, Academy of Nutrition & Dietetics; Cay Marquart, Idaho Citizen.

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22505: **Rep. John Rusche**, District 6, Retired Pediatrician, Health Quality Planning Commission (HQPC) Member, presented **RS 22505**, a proposed resolution that directs the Department of Health and Welfare (DHW) to work with stakeholders to develop a plan for health data collection and analysis.

Rep. Rusche gave a brief history of the HQPC, describing its efforts to develop a plan for an electronic health information exchange and report on other policy and patient safety issues. The data exchange has been requested by the HQPC, health provider networks, carriers, and patients. The plan envisioned will include estimates of costs and suggestions on how to cover those costs.

Responding to Committee questions, **Rep. Rusche** said the stakeholders will collaborate with the DHW for the best plan to meet their needs. The electronic health records switchboard has taken two and a half years to develop. Protection of protocols and other confidential professional and individual information is an important component of the exchange, with consumer transparency addressed as the DHW and stakeholders discuss what is needed, shared, and protected.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22505. Motion carried by voice vote.**

RS 22506: **Rep. John Rusche**, presented **RS 22506**, proposed legislation for Medicaid coverage working adults not eligible for subsidized insurance through the Health Insurance Exchange (Your Health Idaho).

The Supreme Court has stated that Medicaid expanded coverage is voluntary for the states. Since Idaho has chosen not to do the expansion, 80,000 to 100,000 working Idahoans are without coverage because their income is too little for Exchange products and too much for current Medicaid coverage.

He described this population and the magnitude of non-coverage. In addition, **Rep. Rusche** presented estimates from the Harvard School of Public Health and Medical School on the health consequences of failing to cover these individuals. Consequences include more depression, less good diabetes care, fewer health screenings, an increased number of significant adverse health conditions (with catastrophic costs), and an estimate of between 79 and 172 preventable deaths per year.

The fiscal note shows savings to Idaho taxpayers of $90+ million dollars in 2015, and almost $500 million over the next 10 years, some in local property tax and some in State general funds.

Major businesses estimate an additional tax burden will occur if this is not pursued. Hospitals, both large and small, will lose DISH hospital payments that offset the costs of unpaid care. Supporters recognize the financial and health advantages of extending benefits to the poor. Providing coverage for individuals in this health care gap provides a fair and balanced playing field for their health, ability to work, and their quality of life. This legislation provides a fiscally responsible and clinically appropriate way to save lives and money.

MOTION: **Rep. Morse** made a motion to return **RS 22506** to the sponsor.

SUBSTITUTE MOTION: **Rep. Chew** made a substitute motion to introduce **RS 22506.**

Responding to Committee comments, **Rep. Rusche** said a misconception exists that Medicaid provides services to the aged, disabled, and poor at a rate that is significantly less. He agreed that Medicaid and the entire health care system can be improved, but disagreed with a comment that Medicaid is broken.

ROLL CALL VOTE ON SUBSTITUTE MOTION: **Rep. Hixon** requested a **roll call vote** on the substitute motion to introduce **RS 22506. Motion failed by a vote of 2 AYE and 9 NAY. Voting in favor** of the motion: **Reps. Rusche** and **Chew. Voting in opposition** to the motion: **Reps. Wood(27), Perry, Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude.**

ROLL CALL VOTE ON ORIGINAL MOTION: **Rep. Hixon** requested a **roll call vote** on the motion to return **RS 22506** to the sponsor. **Motion carried by a vote of 9 AYE and 2 NAY. Voting in favor** of the motion: **Reps. Wood(27), Perry, Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude. Voting in opposition** to the motion: **Reps. Rusche** and **Chew.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:37 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 06, 2014

SUBJECT	DESCRIPTION	PRESENTER
H 395	Medicaid - Dental Services	Paul Leary Director Division of Medicaid
H 394	Health and Safety	Rep. Fred Wood
RS22714	Health Insurance Exchange	Rep. Lynn Luker
RS22734	Medicaid - Services	Rep. Luke Malek

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 06, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Dave Dekker and Joe Raiden, Idaho Residents; Christine Pisani, Idaho DD Council, Jim Baugh, DRI; Dawn Juker, Catholic Charities of Idaho; Elizabeth Criner, ISDA; Kathie Garrett, NAMI ID; Paul Leary, DHW; Ian Bott, SALN; Susie Pouliot, ID Medical Assoc.; Kris Ellis, IHCA; Tracy Warren, Idaho Council on Developmental Disabilities

Chairman Wood(27) called the meeting to order at 9:01 a.m.

RS 22714: **Rep. Lynn Luker** presented **RS 22714**. This proposed legislation is a technical change to **H 393**, which requires the Health Insurance Exchange (Your Health Idaho) to allow anonymous shopping without identifying information, until a customer is ready to purchase. It also requires a website warning that premium reduction repayment can occur if the submitted income information changes. The elements to be in the warning are outlined, but the exact wording is left up to Your Health Idaho. Answering a question, Rep. Luker said the intent is for the customer to be able to comparison shop anonymously and only enter their identifying information if they purchase a plan.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22714. Motion carried by voice vote.**

H 395: **Paul Leary**, Administrator, Division of Medicaid, presented **H 395** that amends Idaho Code to allow Medicaid evidence-based dental services. There are 25,000 adults who are neither part of the Developmental Disabilities (DD) Waiver nor the Aged and Disabled (A&D) Waiver. Since the 2011 reduction, evidence has shown a significant increase in Emergency Room (ER) dental services. Changes include removal of the A&D and DD waivers, with terminology to define participants as all adult participants on the enhanced benefit plan.

The State fiscal impact is $1,418,100. Savings acquired from revised dental contract rates will support this change.

Responding to Committee questions, **Mr. Leary** said he would provide an addendum explaining the dental rate change implications.

Rep. Malek invoked Rule 38 stating a possible conflict because he works for an organization that bills for dental services.

MOTION: **Rep. Rusche** made a motion to send **H 395** to the floor with a **DO PASS** recommendation.

Mr. Leary explained that dental costs increased from approximately $35,000 per month to $60,000 per month. The additional costs appeared in hospital and ER claims through the Medicaid Program. The dental rate reduction changes the restorative and preventive service percentage levels, not the rates charged by dentists.

David Decker, Jerome resident, testified **in support** of **H 395**, stating the current coverage does not provide for exams, cleanings, fillings, and x-rays. He shared his experiences with abscesses, infections, and sepsis.

Joe Raiden, Moscow Resident, Long-Term Care Business Owner, Self-Advocate Leadership Network (SALN), spoke **in support** of **H 395**. He explained how the lack of preventative dental care has led to impacted, infected, and removal of his tooth. He shared that the ER numbers do not reflect those who, like him, were turned him away when in severe pain. This legislation helps individuals who use disruptive behavior to communicate their pain.

Christine Pisani, Executive Director, Idaho Developmental Disabilities Council, testified **in support** of **H 395**. She said the lack of coverage also impacts loss of work revenue and extended hospital stay costs, all for preventable illnesses.

Jim Baugh, Executive Director, Disability Rights, Idaho, testified **in support** of **H 395**. He commented that there is a need to redesign Medicaid so people can take responsibility for their own health and prevent future expenses. This restoration of dental services is one step toward that proactive goal.

Chairman Wood(27) commented that ERs are not manned by dentists, so oral problems are only treated for pain control, which could be construed as denial of treatment.

Mr. Baugh responded to a question, saying the statistics do not show the number of individuals turned away from hospitals or those admitted for other conditions, such as sepsis, that were a result of dental problems.

Dawn Juker, Legislative Intern, Catholic Charities of Idaho and the Roman Catholic Diocese of Idaho, testified **in support** of **H 395**. She said the previous benefit reductions have greatly affected vulnerable Idahoans who have the greatest need and the poorest access to health care services. Ms. Juker emphasized that psychotropic medications often break down enamel and speed decay, if not treated properly. She urged the Legislators remain mindful of the well being of those most vulnerable in the state of Idaho.

Elizabeth Criner, Idaho State Dental Association, testified **in support** of **H 395**, stating that the 2011 effort to save the state money has doubled the dental-related ER services. She said the ER visits do not typically resolve a patient's underlying oral health problem. This legislation improves Idaho's public safety net and is a great step in the right direction for our state.

Kathie Garrett, NAMI Idaho, National Alliance on Mental Illness, testified **in support** of **H 395**. She agreed with the previous testimonies, particularly about dental problems that result from medications taken by this vulnerable population.

Ian Bott, Boise Resident, SALN, College Student, testified **in support** of **H 395**, relayed his dental experiences and voiced his concerned for individuals not on the Waivers. He said this bill helps individuals, providers, parents, families, and communities.

Thomas Paul, Vice President, Boise Advocacy Group, testified **in support** of **H 395**, sharing the story of his friend's medical struggle. He said that, from a morality level, everyone deserves help.

Tina Dressel, Living Independently, Pocatello, ID, testified **in support** of **H 395**, sharing examples of her care facility residents without dental benefits who are now experiencing lost or rotting teeth.

Jacob Watkins, SALN, testified **in support** of **H 395**.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 395** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

H 394: **Rep. Fred Wood** presented **H 394**, legislation that is a slight modification to the J-1 Visa introduced in the 1980's. He gave a brief history of the J-1 Exchange Visitor Visa Program, also known as the Fulbright-Hays Act of 1961, to strength relations between the U.S. and other countries. The program's goal is to give people from other countries U.S. training and experience they can then use to benefit their home countries. The J-1 Visa is a nonimmigrant visa which allows participation in cultural programs for business and medical training. Applicants, sponsored by either a private sector or government program, may remain in the U.S. until the end of their exchange program, with a departure grace period of thirty days.

Many persons on this visa are subject to a two-year home residency requirement, with a proviso that a change to nonimmigrant or permanent resident status can only happen after return to their country of last residence for two years or obtain a waiver of the two-year residency requirement. The Conrad Program Waiver is one of the waivers that can be issued to a foreign medical graduate with an offer of employment.

H 394 expands the eligibility criteria for receiving the waiver by one specialty. Each state defines what specialties fall under the National Interest Waiver for federally-defined shortage areas, such as many of Idaho's rural cities. With the significant decline of general surgeons in these areas, this legislation expands recruitment to include general surgery by increasing the definition and adding it to the specialty defined list. Another change stipulates that a physician must agree with the contract as described in the legislation, which is a contractual obligation code for a J-1 Visa physician. A final change includes the criteria for the national waiver.

Rep. Wood(27) concluded that through **H 394** the National Interest Waiver expansion will help hospitals in frontier and rural Idaho by providing a general surgery category for physicians wishing to stay in the U.S.

MOTION: **Rep. Rusche** made a motion to send **H 394** to the floor with a **DO PASS** recommendation.

Responding to a question, **Rep. Wood(27)** said credentialling would require a license to practice medicine, specialty training in general surgery, board certification, and local health care facility credentials.

Suzie Poulliot, Idaho Medical Association, testified **in support** of **H 394**, stating that inclusion of the general surgery category to allow J-1 Visa individuals will help the rural and under-served areas who have a need for general surgery.

No one else indicated their desire to testify.

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the motion to send **H 394** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Wood(27)** will sponsor the bill on the floor.

Vice Chairman Perry turned the gavel back over to **Chairman Wood(27).**

RS 22734: **Rep. Luke Malek** presented **RS 22734**, proposed legislation for community supported employment (CSE). Individual CSE Medicaid program changes in 2011 dropped the eligibility levels, leaving DD individuals without this on-the-job training benefit and support. This legislation allows people with DD budgets the ability to add CSE when these services are needed to obtain or maintain employment. With the current 70/30 cost match, the total State General Fund fiscal impact is estimated at $235,000.

Responding to committee questions, **Rep. Malek**, said this proposed legislation changes the functionality of the existing program.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22734. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:59 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 10, 2014

SUBJECT	DESCRIPTION	PRESENTER
H 396	Uniform Controlled Substances	Rep. Christy Perry Mark Johnston Executive Director Board of Pharmacy

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 10, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Elisha Figueroa, Office of Drug Policy; Mark Johnston and Tami Taylor, Board of Pharmacy; Ryan Fitzsimmons, IACP; Elizabeth Criner, ISDA

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the January 30, 2014, meeting. **Motion carried by voice vote.**

H 396: **Rep. Christy Perry** presented **H 396**, legislation to curb the growing abuse of prescription drugs. She described the Prescription Drug Abuse Workgroup and its reason for bringing forth this legislation. **H 396** requires all controlled substance providers, except veterinarians, enroll in the Prescription Monitoring Program (PMP). Changes include updates to the Bureau's definition, terminology, and the annual registration requirement.

Elisha Figueroa, Administrator, Office of Drug Policy, spoke about the 250% increase in drug-induced deaths and how they are higher than traffic-related deaths. Other states are achieving excellent results with required monitoring program registration.

Mark Johnston, Executive Director, Board of Pharmacy (BOP), described the BOP statute authority and the history of the PMP. The BOP sends reports to law enforcement, licensing boards, and Medicare insurance. He said because the data is used to track human use, veterinarians are exempted in **H 396**.

Mr. Johnston stated the PMP collates 2.8 million dispensed controlled substances into patient and prescriber profiles which are available to law enforcement, pharmacists, patients, other programs, and occasionally to insurance companies for a fraud claim. This information is live for prescribers and pharmacists; but, law enforcement and other users must complete an information request form.

Each month the Board sends a cover letter and a patient prescription history to each prescriber indicating patients with multiple prescribers. The number of patients reaching this threshold has decreased 33% in the last year, while the number of prescribers receiving the reports has increased from 65% to 82%.

A letter encouraging PMP enrollment and use was signed by several agencies, boards, associations, legislators, etc., and mailed to all prescribers. Since the mailing, the four month average of new online PMP users has increased 98.4% and the number of profiles generated has increased 87.5%. Of those receiving the reports, 62% are physicians, 18% are physician assistants, 9% are dentists, 10% are advanced practice nurses, and 1% are podiatrists and optometrists.
A new PMP system developed and hosted by the National Association of Boards of Pharmacy (NABP) is expected to go live on February 26, 2014. Since Idaho is a beta test site, there is no charge for this new system for three years. Future operating costs are expected to be less than the current system. Interstate data sharing will be available with some of our bordering states. PMP data submissions will increase to daily as the new system is implemented.

Rep. Lyndon Bateman, District 33, testified **in support** of **H 396**. He talked about his friend, with four children, who lost two sons from prescription drug overdoses within a seven year period. He emphasized the severity of this issue is huge when we are losing one in five high school students from drugs and this rate is higher than vehicle fatalities.

Responding to Committee questions, **Mr. Johnston** explained the original prescriber data base statutes included veterinarians, who also prescribe controlled substances. However, they usually dispense what they prescribe and their patients are animals. This makes the human information in the database of no use to them, so it was determined the best practice was to exempt them from access.

MOTION: **Rep. Morse** made a motion to send **H 396** to the floor with a **DO PASS** recommendation.

Mr. Johnston answered additional questions, stating that mandatory registration allows the additional use of the data, which will also highlight any training that may be needed.

Idaho has one Controlled Substance Investigator who collaborates with most of the medical boards, law enforcement, Drug Enforcement Administration (DEA), and insurance companies. As of last month, the DEA opened an office in Boise for tactical diversion squads to address local prescription control substance issues. Although their emphasis is slightly different, they will supply federal backup.

Ms. Figueroa also answered the question, saying more DEA officers will be hired this year. Law enforcement has Drug Recognition Experts who are trained to recognize the signs of someone under the influence of a drug. Although currently in short supply, more experts can be trained.

Mr. Johnston explained the Health Insurance Portability and Accountability Act (HIPAA) specifically mentions the appropriate use of state-based prescription programs. Previous security breaches in other states have led to effective security upgrades. Inappropriate use of the PMP has been slight and carries a misdemeanor charge.

Currently sixteen states require mandatory PMP use, typically before prescribing for the first time and annually thereafter. **H 396** is the first step to increase usage. The existing $60 a year controlled substance registration fee covers the PMP and more, with no additional fee in this legislation.

Molly Steckel, Idaho Medical Association (IMA), testified **in support** of **H 396**, stating that the IMA agrees that this is a multi-factor issue requiring all stakeholders. The IMA is reaching out to their members to make sure they see the importance, register, and use the PMP. Oncologists and other medical specialists need the freedom to prescribe heavy duty pain relief medications.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 396** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Perry** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:43 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, February 11, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22816	Healthcare Transparency	Rep. Brandon Hixon
	Department of Health & Welfare Committee Recommendation	Rep. Fred Wood

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 11, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Jeff Cilek, St. Luke's; Toni Lawson, Idaho Hospital Association; Jodi Osburn and Dave Taylor, IDHW; Elli Brown, Veritas Advisors; Stacey Satterlee, ACS CAN; Kris Ellis, Benton & Associates; Julie Taylor, Blue Cross; Woody Richards, AHIP

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the Committee minutes for January 31 and February 3, 2014. **Motion carried by voice vote.**

RS 22816: **Rep. Brandon Hixon**, presented **RS 22816**, proposed legislation for the Idaho Healthcare Transparency Act. He explained the issue of increasing health care costs for Idaho families, with many contributing factors and a notable lack of both free market buying power and disclosure. Forty-seven states already collect data from hospitals, with some states having enacted transparency legislation.

Through this proposed legislation, patient data will be collected from hospitals in accordance with Rules established by the Idaho Department of Health and Welfare (DHW). A public use website and mobile application will also be developed. The website will feature the fifty most common nonsurgical procedures and the twenty-five most common surgical procedures performed in each county. This transparency is the basis for a range of health care cost, access, and quality indicators, which are important in light of the growing number of bankruptcies from medical bills.

Rep. Hixon shared that some states have more than one data website. Of the sixty-two patient oriented state-based websites, 48.2% were provided by a state government agency, 38.7% were voluntarily developed by state hospitals and medical associations, and the remaining 14.5% were from other sources.

Inpatient hospital costs represent a significant portion of health care costs. Capturing this data is an essential first step in understanding and improving our health care delivery system by identifying high variations in utilization, charges, and outcomes at geographic, provider, and population levels.

Rep. Hixon stressed, the time to do nothing is past because costs, variations in quality, and variations in outcomes continue to increase. The national trend for industry transparency is essential as consumers pay more of their household incomes toward deductibles, out-of-pocket expenses, and non-covered services. This proposed legislation enhances patient rights and codifies best practices in a model language from established systems.

Answering questions, **Rep. Hixon** said the data analytics used by other states have risk adjustment levelers to allow for small and large hospitals. Through the Request For Proposal (RFP) an experienced vendor would be selected to collect and disseminate the data for reporting. Section E specifies a website link for not-for-profit hospital IRS public information. By allowing consumers hospital costs review, they can decide to save money by going to a facility farther away.

The fiscal impact shows the use of General Funds for the initial set up costs, although it is possible that facilities could cover the cost. To maintain propriety contracts between hospitals and providers, an average for all payers for service would be used. This would allow an uninsured individual an accurate cost. To assure true information, the data analytics would indicate what the vendor costs are, not what might be paid to them by Medicaid and other such entities.

Health Insurance Portability and Accountability Act (HIPAA) guidelines remain in place for DHW access. Other than one section that refers to financial information links for the not-for-profit hospitals, this data collection and website applies to all hospitals and centers across Idaho. Information would deal with the procedure cost, not personal patient information.

Responding to further questions, **Rep. Hixon** explained the selected vendor would gather the information and then supply reports to the DHW, which would not increase the Department's manpower. The Department would manage the reporting as they see fit and bear any unknown costs associated with that management. The DHW would be able to establish by Rule what data sets will be used. The vendor would use discharge data to establish the top twenty-five procedures by county matrix. Some language is general to allow stakeholder input on the type of data and still keep the true meaning of the legislation.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22816**.

In answer to a suggestion that the fiscal note needs more information about implementation costs, **Rep. Hixon** said some of the information is already being reported to the Centers for Medicare and Medicaid Services (CMS) and more data regarding the cost will need to come from hospitals and organizations. Vendors report they provide training which helps the data be reported.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22816. Motion carried by voice vote.**

The Committee then discussed the upcoming germane committee presentation to the Joint Finance and Appropriations Committee (JFAC). After his presentation, **Chairman Wood(27)** will report back to the Committee why the 2015 Base Replacement Item amounts differ between the Governor's recommendation and the DHW request.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:55 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, February 12, 2014

SUBJECT	DESCRIPTION	PRESENTER
	SHIP Presentation	Dr. Ted Epperly
	Idaho Criminal Justice Commission	
	Overall Annual Report	Sara Thomas Chairman
	Children of Incarcerated Parents Subcommittee	Ross Mason Chairman
	Criminal Justice Research Alliance Subcommittee	Monty Prow Member
	Community Care Advisory Council Annual Report	Scott Burpee Chairman

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 12, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Neva Santos, Idaho Academy of Family Physicians; Larry Tisdale, IHA; Dieuwke A. Dizney Spenser and Mary Sheridan, IDHW; Sam Haus, ICOA; Sharon Harrigfeld and Monty Prow, IDJC; Sara Thomas, SAPD; Scott Carvell, IHDE; Cynthia York, IDHW - SHIP; Elizabeth Criner and Stacey Satterlee, ACS-CAN

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes for the February 4th and February 5th Committee meetings. **Motion carried by voice vote.**

Chairman Wood(27) introduced and welcomed a group of honor students from Homedale High School who are visiting the capitol to watch their government at work.

Dr. Ted Epperly, Boise Family Physician, President, CEO, Family Medicine Residency of Idaho, Chair, Idaho State Healthcare Innovation Plan (SHIP) Steering Committee, appeared before the Committee. SHIP is a statewide plan to redesign the healthcare delivery system from a volume-driven, fee-for-service system to an outcome-based system to provide improved health, improved healthcare and lower costs. He gave a brief history of the redesign efforts that began in 2007.

In March, 2013, the Centers for Medicaid and Medicare Innovation (CMMI) awarded a six-month planning grant to Idaho to develop SHIP. The grant is managed by the Department of Health & Welfare (DHW), who contracted with Mercer Consulting to facilitate the process. Numerous meetings have been held with healthcare stakeholders, focus groups, and Idahoans to discuss what is and is not working in the current program. From the discussions came the recommendations for network design, quality measures, healthcare information technology (HIT) data, and payment reform workgroups.

The SHIP Steering Committee has acted on the recommendations and finalized a plan design which was sent to CMMI December 26, 2013. The plan will be the basis for a Model Testing Proposal grant application to CMMI early in 2014, which could result in significant federal funding to assist in the implementation of SHIP.

Elemental to the model is a strong primary care system base to provide healthcare where Idahoans live. Patient Centered Medical Homes (PCMH) will be integral ways for community management and coordination of system healthcare. Medical neighborhoods will integrate healthcare in a synergistic fashion with the Idaho Healthcare Coalition (IHC) and be overseen by Regional Cooperatives (RC), which will be 501(c)3 non-profit entities.

Dr. Epperly said the electronically linked health data will flow between practices and Emergency Rooms (ERs). Additionally, data analytics software will encourage patient input to engage them to be part of their own healthcare solution. This daily information will add to the proactive care management goal to provide the right care at the right time for the right reason.

Another model element will align payment systems across major payers for better integration, coordination, and better outcomes for Idahoans.

Dr. Epperly described the SHIP model, which will begin with a patient-centered approach to all primary care services. Then the PCMH and Medical Neighborhood Care Team will provide primary care services and coordination of care across the larger medical neighborhood of specialists, hospitals, behavioral health, and long-term care services. Finally, the Idaho Healthcare Coalition will oversee the development of this performance-driven population management system.

The IHC Board will support and oversee coordinated systems. It will be made up of providers, payers, consumers, and others. It will include RC activity coordination, system improvement policy level discussion, statewide metrics quality, population, consistency, and accountability.

RCs will be part of the IHC, with representation on the IHC Board. The RC will perform advisory, administrative, and facilitative roles, creating support for the PCMH and integration of Medical Neighborhoods. **Dr. Epperly** stated this collaboration will support primary care practices with training, technical assistance, and coaching. Using protocols created at IHC, it will also provide regional data gathering and analytic support.

Quality core measures will be identified for all PCMHs. To establish a baseline, three known population health improvement outcomes will be tracked during the first year. They are tobacco use and cessation activities, comprehensive diabetes care, and weight assessment for children and adolescents.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

Dr. Epperly explained the multi-payer payment model five-year redesign strategy. He concluded his presentation, stating that the State and SHIP stakeholders are committed to continuing healthcare system transformation, with or without further CMMI funding.

Responding to Committee questions, **Dr. Epperly** said the IHDE is laying the pipeline to effectively navigate statewide variations in data information systems. The future hope is to include claims data in non-proprietary and Health Insurance Portability and Affordability Act (HIPAA) compliant ways to truly see what is being done to appropriately handle and manage costs.

Dr. Epperly gave the example of immunization rates, which vary in each of the seven Idaho regions, to improve population health, future data exchange through the IHC will address challenges in individual regions reporting below the desired level. Where daily patient data is already being collected, it has been shown to detect significant health changes that can be addressed immediately, before ER visits or hospitalization are required, and keep patients healthy at home. Data exchange can also reduce redundancy and individuals getting "lost" in the system.

The current system will remain in effect as the payment system migrates to a per-member-per-month basis that provides insurance and employer payments for services provided through the electronic patient-physician information exchange.

Sara Thomas, Chairman, Idaho Criminal Justice Commission, State Appellant Public Defender, presented the annual Idaho Criminal Justice Commission (ICJC) report. To achieve a safer Idaho, the ICJC is committed to collaboration. These efforts address important criminal justice issues and challenges by developing and proposing cost effective best practice balanced solutions. She described the current makeup of the Commission and their charge to promote efficiency and effectiveness in the Criminal Justice System.

In their directive to provide information to improve decisions, use of public resources, and public safety, the ICJC has developed the Results First Project, an offender program computer evaluation of cost effectiveness and success rates. The *Community Guide to Address Criminal Gangs in Idaho* pamphlet is now available. The Public Defense subcommittee and other subcommittees that focus on specific issues have been created. The ICJC has also produced a paper stating their opposition to medical marijuana.

Ms. Thomas said there are several pieces of legislation this session that address public defence issues, juvenile right to counsel, and human trafficking. The ICJC is coordinating with the Sex Offender Management Board, the Prison Rape Elimination Act Subcommittee, and the Governor's Task Force on Zero Tolerance of Sexual Assault Against Incarcerated Persons.

A three-year strategic plan has been adopted by the Grant Review Council, the current legal status project grant governing body. The Misdemeanor Probation Treatment Services Subcommittee is facing funding challenges due to a federal grant that runs out in a year.

Ross Mason, Chair, Children of Incarcerated Parents (COIP), Regional Director, DHW, presented the COIP annual summary report. COIP is charged with improving the lives of children with incarcerated parents with lengthy sentences. Two school pilot programs began with 16 participants, 8 to 11 years of age. The children met at least once a week during the school term in a club-like setting. At the end of the school year the results of the program data showed the children had made improvements in their home behavior (27%), were now working at their grade level, and had slightly improved school attendance. Both parents and children thought the program was valuable and worthy of continuation.

Monty Prow, Department of Juvenile Correction (DJC), presented the Criminal Justice Research Alliance Committee's annual report that recommends a change from the existing stand alone silo system of data storage to a system designed to provide a series of existing system connections that will not warehouse, but share information between the entities.

A National Center for State Courts (NCSC) grant and technical assistance has been received and the ICJC has agreed to be the governing body. The Memorandum of Understanding (MOU) has already been developed. The collaborative statement of work for the various ICJC entities is being created. The data exchange is expected to be established by Fall of 2014.

Responding to questions, **Sara Thomas** explained the Misdemeanor Probation Treatment Services Subcommittee grant loss would remove probationer treatment programs, which is an important behavioral and mental health tool to prevent individuals from returning to the system and increasing criminal justice system costs. Shifting from a focus on the crimes committed to a focus on the system costs and risks posed by offenders would be an overall improvement for future consideration.

Scott Burpee, President, CEO, Safe Haven Health Care, Chairman, Community Care Advisory Council (CCAC) presented the CCAC annual report. He described the evolution of the Council formed in 1981. The CCAC holds public meetings where anyone can express concerns.

As a forum for stakeholders in Residential Care or Assisted Living Facilities (RALFs) and Certified Family Homes (CFHs), the CCAC makes policy recommendations for licensing and standards enforcement. It also advises during Rule development or revision. Annually reports to the Legislature include recommendations to further address RALF and CFH issues. A CCAC subcommittee continues to meet with the Department of Health and Welfare to find placement solutions for RALF residents who pose a threat to themselves or others.

Mr. Burpee said the move of patients from the state home in Nampa to CFH has allowed parents to care for their adult children. Following security requirements, facilities can be in residential neighborhoods.

Answering a question, **Mr. Burpee** explained that CFH statistics indicate relatives provide 64% of the care, but may also provide for additional residents to help cover their costs. CFHs pay no taxes on income for services. The existing variation in statewide occupancy requirements has to do with tax code and other regulations. The DHW has guidelines about relatives providing care outside of their own home.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:05 a.m.

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Representative Perry
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 13, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22884	Health Insurance Exchange	Rep. Christy Perry
HCR 39	Hospital Databases	Rep. John Rusche
H 438	Midwives	Rep. Fred Wood
H 439	Public Assistance	Rep. Ed Morse
	Idaho Council on Suicide Prevention	Kathie Garrett Chairman
	Idaho Suicide Crisis Hotline	John Reusser, LCSW
	Idaho Lives	Matt McCarter Director Student Engagement & Postsecondary Readiness State Department of Education

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 13, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Henderson

GUESTS: Kathie Garrett, Idaho Council on Suicide Prevention; Matt McCarter, SDE; Steve Millard, Idaho Hospital Assn.; Molly Steckel, IMA; Clarence W. Blea, and Paula Wiens, IDMW; Katharine Rawlins, Tony Smith, Kris Ellis, Idaho Midwifery Council; Julie Taylor, Blue Cross of Idaho; Dave Taylor, and Dieuwke A. Dizney Spencer, IDHW; Stacey Satterlee, ACS CAN; Elli Brown, Veritas; Brody Aston, Lobby Idaho; Janet Tatro, Budget & Policy; Toni Lawson, Idaho Hospital Association; Shad Priest, Regence; Elizabeth Criner, Pfizer

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) announced **H 439** has been held at the request of the sponsor and will not be heard in the Committee today.

RS 22884: **Rep. Christy Perry**, District 11, presented **RS 22884**. This proposed legislation is a reprint similar to an earlier RS presented in the Judiciary, Rules, & Administration Committee. It clarifies the Health Insurance Exchange (HIX) subsidy does not assure an individual qualifies for a public defender. Some verbiage changes have also been made.

In response to a question, **Rep. Perry** explained the indigent status determination guidelines to receive a public defender include state, public, and insurance cash assistance. Without this clarification, any HIX subsidy can be construed as public assistance.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22884. Motion carried by voice vote.**

Chairman Wood(27) called for a brief recess. The Committee was called back to order at 9:15 a.m.

HCR 39: **Rep. Rusche**, District 6, **HCR 39**, a concurrent resolution that responds to a need identified by the Health Quality Planning Commission for the organized collection of either hospital discharge or medical claims data to address issues of quality of healthcare and patient safety. This resolution calls on the Department of Health and Welfare (DHW), in conjunction with the industry players, to develop a health data structure plan. The envisioned plan will include cost estimates and funding suggestions.

In answer to committee questions, **Rep. Rusche** said the reporting will be whatever the players determine gives the best value. Creation costs, for similar systems in other states, have ranged from $1.5 million to $5 million, with $1 million for operation costs for populations similar in size to Idaho. An offset to that cost could come from numerous entities use of the data in provider contracting and negotiating. Other states have experienced a two-thirds to three-quarter operational cost offset from this type of source.

The players consist of hospitals, physicians, claims recipients, the DHW, and, perhaps, pharmaceutical benefit managers. Surgical center data could be direct or through a payor. The first data source used by other states have been hospital discharge data bases, which would not include surgical centers. Most states have taken several years to get reliable data in the least disruptive way possible.

Steve Millard, President, Idaho Hospital Association, testified **in support** of **HCR 39** because it establishes a deliberate process to get everyone together to discuss the data issues and be a part of the solution. Responding to questions, he said the best use for data from this effort would be the health care delivery system reform. The State Healthcare Innovation Plan takes the industry in that direction, with the inclusion of this type of data to complete its goal.

Julie Taylor, Blue Cross of Idaho, testified that her organization has not taken a position on **HCR 39**, since they have not done an analysis of the legislation. As the largest claims data retainer in the state, they need to take a hard look at this. She said, answering a question, that they have yet to delve into the impact and action other "Blues" across the nation have experienced from similar systems.

For the record, no one else indicated their desire to testify

MOTION: **Rep. Hixon** made a motion to send **HCR 39** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 438: **Kris Ellis**, on behalf of the Idaho Midwifery Council, presented **H 438**. This legislation improves the Midwifery Practice Act to provide a better working profession.

The estimated due date and licensed health care professional definitions have been clarified. Cytotec is added to the formulary, with clarification that the medications are only for the mother. A provision allows midwives to care for mothers of twins while they are being cared for by a medical doctor. Allowance is now made for professionals caring for other health care needs of midwife clients and referral to a medical doctor in a bordering non-Idaho town. Clarification is made that midwives have not abandoned care when they terminate services and refer a client to a medical doctor or the nearest hospital. The dates for a safe delivery by a midwife have also been clarified. A ten-year sunset has also been added.

Responding to questions, **Ms. Ellis** said the changes do not allow delivery of twins, but does allow care for the mother alongside a medical doctor, as long as it doesn't interfere with the physician. This continues the comfort relationship with mothers who had previous midwife deliveries and are now delivering twins.

Dr. Clarence Blea, St. Lukes Hospital, Maternal Fetal Medicine, was asked to respond to a Committee question about the use of Cytotec. He said it is a well known agent used off label for control of after-delivery hemorrhage. It's easy to store, cheap, and much more useful.

Molly Steckel, Idaho Medical Association, testified **in support** of **H 438**, stating their encouragement of informal collaboration, but their attorneys have issues with physician liability with statute or rule requirements.

Paula Weens, Licensed Midwife, Idaho State Board of Midwifery, testified **in support** of **H 438**, stating licensing has improved the relationship between midwives and physicians, which supports the safety of home and birth center births.

Katharine Rawlins, Consumers of Midwifery in Eastern and Western Idaho, Idaho Midwifery Council, testified **in support** of **H 438**. She described her experience with evidence-based birth practices, effect of previous illegal status, and subsequent decision to become a midwife. She expressed her gratitude for the Legislature's work to change their legal status and hold her chosen profession to high standards.

For the record, no one else indicated their desire to testify

MOTION: **Vice Chairman Perry** made a motion to send **H 438** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

John Reusser, Licensed Clinical Social Worker, Member, Idaho Council on Suicide Prevention, Director, Idaho Suicide Prevention Hotline (ISPH), appeared before the Committee. He described the Idaho Suicide Council, which oversees the Idaho Suicide Prevention Plan and reports to the Governor and the Legislature. Mr. Reusser said Idaho's suicide rate is higher than the national average, with many preventable deaths through intervention strategies. The Council is now focused on engaging communities in awareness and prevention in a variety of ways, including statewide gatekeeper trainers and surveys.

The ISPH, established in 2012, provides a lifeline to individuals in crisis who may wish to harm themselves. In 2013, ISPH received 999 calls, including 120 military members and their families, and 64 rescue calls. **Mr. Reusser** explained rescue calls pertain to individuals who are threatening suicide, unable to stay safe, or have already started hurting themselves.

Of the calls received, there were also 907 completed follow-up activities. A follow-up call is made to individuals whose original call had a level of acuity and reassess their safety a day or two later to determine if more ISHP contact is needed. Recent studies indicate the follow-up calls lower suicide attempts, especially with teens and young adults.

The ISPH receives calls from all over the state and have increased their operating hours. They also link to a National Crisis Center in Portland, Oregon, to assure calls are answered 24 hours a day. This year they have already received 270 calls. Phone responders are all volunteers.

Mr. Reusser said the ISPH recently became nationally accredited through Contact USA. Future goals include increased operating hours to twenty-four hours, seven days a week, and increased statewide awareness. Over 20,000 wallet informational cards have been distributed. They are also working with the DHW toward an integrated crisis response for the mental healthcare system.

Responding to questions, **Mr. Reusser** gave an example of a caller who was harming herself, how the operator stayed with the caller until the emergency team reached her, for a total of 45 minutes, with follow up to learn the result of the call. They alert dispatch when the means of harm could impact officer safety. Military members and their families have a National Veterans Crisis Line option when calling the hotline, often choosing the ISPH volunteer and then being transferred to the national line to arrange for specific help.

Mr. Reusser said the most effective strategies to decrease the statistics are adequate funding, collaboration, and sustainability. Getting the prevention message out is critical to educating the public on resources and increase their awareness of the hotline. Eliminating any stigma allows people to admit and seek the help they need.

Matt McCarter, Director, Division of Direction, Idaho State Department of Education, presented information on Idaho Lives, which focuses on student emotional wellness. A partnership with the Suicide Prevention Advocacy Network (SPAN) led to a grant award of $1.3 million over three years, beginning in October, 2013.

One in seven students have self-reported thoughts of suicide and 13% of those students have made a completion plan. If a student is in that emotional frame of mind, all other educational subjects suffer. Idaho Lives joins with school communities to identify connectivity, capability, and hope for these isolated students. To achieve this they train gatekeepers to encourage identification of sources of strength. They also identify peer leaders from the school subgroups, who then work in concert with gatekeepers to identify warning signs, risk factors, and cultivate positive school climates.

Mr. McCarter gave an example of a program called "no one sits alone in the cafeteria," which came from the peer leaders who recognized the resulting impact of a student lunching alone in their school. He noted that after every act of suicide and school violence it was determined somebody knew something beforehand that could have prevented the violence. If friends know what to look for they can encourage help before any harm is done.

The juvenile justice facility Shield of Care is a best practice program for training clinicians, who then train detention center staff. In schools and juvenile facilities, contagion, copycat action, after a suicide event is a big problem that they hope to identify and train for in the future.

Responding to questions, **Mr. McCarter** said gatekeeper training attempts to cover a wide range of adults who have contact with young people. Freeing up training time for these professionals can be an issue, but their top goal is to train entire school staffs and communities.

Chairman Wood(27) and the Committee thanked our page, **Sara Garcia**, for her work for the Committee during the first half of this session.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:27 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 17, 2014

SUBJECT	DESCRIPTION	PRESENTER
H 475	Health Insurance Exchange	Rep. Lynn Luker
H 476	Medicaid Services	Rep. Luke Malek
RS22882	Scrap Metal Business	Rep. Luke Malek
RS22840	Rule Rejection - Pharmacy Board	Rep. Fred Wood
RS22827	Government Liability Exceptions	Rep. Ed Morse
RS22838	Mentally Ill - Restraint Use	Rep. John Rusche
RS22880	Hospitals	Steven A. Millard

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 17, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Jim Baugh, Disability Rights Idaho; Dave Dekker, SALN; Art Evans, Medicaid; Steve Millard, IHA; Tracy Warren, Idaho DD Council; Cassie Mills, Vocational Services of Idaho; Katherine Hansen, Community Partnerships; Kathie Garrett, NAMI Idaho; Christine Pisani, DD Council; Raeleen Welton, RNP; Sara Lloyd, Stepping Stones; Marnie Packard, IVC Pacific Source; Woody Richards, Insurance Companies

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) introduced **Ashley Harris**, the Committee page for the remainder of the session.

H 475: **Rep. Lynn Luker** presented **H 475**, legislation to create an anonymous Your Health Idaho portal so shopping can be done without entering personal identification information until an individual is ready to purchase a policy. It also provides a warning on the site that income estimates not reported accurately can result in payment due and remove any part of a subsidy obtained with the incorrect information.

MOTION: **Rep. Hixon** made a motion to send **H 475** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

Rep. Rusche spoke in support of **H 475**, stating, as a member of the Health Care Exchange Board, this is what the Board intends and it will be accommodated by software that they will be purchasing

Answering a question, **Rep. Luker** said the July 1st, 2014, effective date and the statement that the "exchange portal" shall be instructed are intended for use with the State Exchange currently being constructed.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 475** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Lynn Luker** will sponsor the bill on the floor.

H 476: **Rep. Luke Malek** presented **H 476**, legislation relating to Community Supported Employment (CSE) Medicaid budget modification.

Jim Baugh, Disability Rights Idaho, was asked to further introduce **H 476**. He described the evolution of the perception that the disabled could not be employed to their current productive part in any community, it's impact on their self esteem and independence, and the key role CSE plays in helping them succeed at their jobs. **H 260**, which was passed in 2011, modified Medicaid services budgets within a formula and limited modification to only those changes necessary to protect the individual's health or safety. This had the unintended consequence of seriously reducing CSE. He described the types of jobs, the employer agreements, and how the CSE services function in a job setting. Often, employers who have experienced one such employee will open their doors to more.

This legislation would allow individual service budget modification requests to obtain or maintain employment as part of the health and safety budget modification guidelines that already exist. Any modification request would still be reviewed and granted or denied by Medicaid Case Managers.

Responding to questions, **Mr. Baugh** said some individuals require extended CSE, while others just need transitional help. With a good employer development job he was confident the previous number of working CSE participants could be reached again.

MOTION: **Rep. Morse** made a motion to send **H 476** to the floor with a **DO PASS** recommendation, subject to correction of a typographical error in the fiscal note.

Dave Dekker, President, Idaho Self Advocate Self Leadership Network, testified **in support** of **H 476.** He shared stories of individuals who had to turn down offered work or advancement at their work because they needed a job coach for the required task.

Tracy Warren, Staff, Idaho Council of Idaho Disabilities, testified **in support** of **H 476**, describing the Council and how their activities encourage individuals to participate in all facets of community life, including jobs. She talked about how CSE helps develop relationships and communication with employers and coworkers for long term success in the work environment. Community rehabilitation providers bill Medicaid directly. CSE helps this population get beyond existing employment barriers.

Cassie Mills, Vocational Services of Idaho, Community Partnerships of Idaho, testified **in support** of **H 476**. This legislation is important to remedy unintended consequences impacting people with developmental disabilities. She shared stories of individuals who found success and independence by working.

Kathryn Hansen, Executive Director, Community Partnerships of Idaho, testified **in support** of **H 476**. She said in 2010, 275 individuals accessed 5.5 weekly job coaching hours. In 2011, 182 individuals accessed 4.9 weekly job coaching hours. Some individuals lost employment hours or jobs, and some employers picked up the cost difference to maintain their employment.

Sara Lloyd, Owner, Stepping Stones, testified **in support** of **H 476**. Ms. Lloyd explained that individuals have had to choose which services are received. She shared an incident when the choice of additional support in other areas led to imprisonment, time without medications during incarceration, job loss due to incarceration, and increased public assistance from Social Security, increased Housing benefits, and forced dependence on the system. With jobs, these individuals feel like they're giving back and it actually helps keep their behaviors in order.

For the record, no one else indicated their desire to testify.

Rep. Vander Woude commented on the value of this legislation, sharing information about a disabled relative and the value of providing jobs for those individuals.

Vice Chairman Perry stated how impressed she was to see first hand how these individuals function on their jobs and the positive impact these services have in our communities.

Rep. Morse said this type of program provides great returns to the participants and the communities. He noted the fiscal note statement that CSE services are reduced to the extent that people participate and do not need other Medicaid or developmental services. Jobs keep people engaged, give a sense of self worth, and make productive members of society.

Rep. Rusche shared the difficult decisions that were made with **H 260** as part of balancing the budget, stating his gladness to be able to return appropriate services to Idaho citizens.

Chairman Wood(27) commented that **H 260** was very stringent, but had several purposes. He thanked all employers who have found work for this most appreciative and valuable population.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 476** to the floor with a **DO PASS** recommendation, subject to correction of a typographical error in the fiscal note. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

RS 22882: **Rep. Luke Malek** presented **RS 22882**, proposed legislation that addresses concerns from scrap metal dealers and changes a line that authorized insurers, by definition, are exempt as scrap metal dealers.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22882. Motion carried by voice vote.**

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry.**

RS 22840: **Rep. Fred Wood**, District 27, presented **RS 22840**, a Concurrent Resolution that rejects a certain docket which was rejected by the Committee at the request of the Board of Pharmacy.

MOTION: **Rep. Hancey** made a motion to introduce **RS 22840** and recommend it be sent to the Second Reading Calendar. **Motion carried by voice vote. Rep. Wood(27)** will sponsor the bill on the floor.

Vice Chairman Perry returned the gavel over to **Chairman Wood(27)**.

RS 22827: **Rep. Ed Morse** presented **RS 22827,**proposed legislation for the Department of Lands' imposed insurance requirements for easement rights to cross state endowment lands. The Department was being advised to require an insurance policy based on Idaho Code that allowed no use exceptions. The original legislation for this matter was proposed to the Judiciary, Rules, and Administration Committee. It was redrafted after concern was expressed about the meaning and scope of some of its language. **RS 22827** is narrower in scope and has been approved by the Department of Lands' legal council.

MOTION: **Rep. Malek** made a motion to introduce **RS 22827. Motion carried by voice vote.**

RS 22838: **Rep. John Rusche**, presented **RS 22838**, proposed legislation regarding transportation and restraint for the mentally ill. The current practice of transport for the mentally ill has raised concern because the use of shackles or other restraints is common. The proposed change attempts to lessen the trauma by assuring the use of restraints is ordered by a physician or documented by the officer.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22838. Motion carried by voice vote.**

RS 22880: **Steven A. Millard**, President, Idaho Hospital Association, presented **RS 22880**, which addresses a sunset clause in **H 656**. To help fund Medicaid programs, **H 656** authorized the DHW, through an agreement with hospitals, to annually assess $50 million above the original assessment of the Hospital Assessment Act until July 1, 2012. **H 656** deleted the original assessment dates of 2009, 2010, and 2011, to assure the assessments went beyond 2011. An audit revealed the previous limiting dates were restored when they should not have been. This proposed legislation amends the language in Chapter 14, Title 56, Idaho Code, to remove the limiting dates so the assessments will be perpetual.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22880**. **Motion carried by voice vote.**

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:03 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 18, 2014

SUBJECT	DESCRIPTION	PRESENTER
HJM 6	PPACA Tax	Rep. Thomas Dayley
RS22894C1	Use of Public Waters	Rep. Ed Morse
RS22909	Public Assistance - Technological Tools	Rep. Ed Morse
RS22807C1	Oral Health	Rep. Paul Romrell
SJM 105	SNAP Benefits	Rep. Christy Perry

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
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Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 18, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Elizabeth Criner and Elli Brown, NWFPA; Pam Eaton, Idaho Retailers Assn.; Woody Richards, Insurance Companies; Molly Steckel, Idaho Medical Assoc.; Marnie Packard, Pacific Source; Julie Taylor, P.C.I.; Lindsey Hall, LCSC; Jane Wittmeyer, Wittmeyer & Assoc.; Sam Johnson, Citizen

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Rep. Malek** made a motion to approve the minutes of the February 6, 2014, meeting. **Motion carried by voice vote.**

HJM 6: **Rep. Thomas Dayley**, District 21, presented **HJM 6**, a Joint Memorial requesting the Secretary of the United States Department of Health and Human Services (HHS) suspend the imposition of all Patient Protection and Affordable Care Act (PPACA) taxes and conduct a national review which will provide a clear understanding of the impact of the various healthcare industry taxes. The ambiguous definitions impacts over 2,000 employees in Idaho's medical industry and could mean 100 jobs lost at a cost of $11.5 million dollars. Other states have passed similar resolutions.

Responding to questions, **Rep. Dayley** said PPACA stipulates tax payments cannot be directly transferred to any purchaser, although they can be enumerated. Medical device manufacturers have seen a five percent sales increase over the last three years, which is expected to continue with our aging population. This request would have an impact on the federal cost of PPACA, which falls under the duties of the Secretary. The medical device definition is from the Federal Drug Administration and is the PPACA standard. Language in the Memorial was intended to be broad by referring to the medical device excise and health care industry taxes.

MOTION: **Rep. Hixon** made a motion to send **HJM 006** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

Rep. Rusche stated, **in opposition** to the motion, there are serious implications to this legislation, including a significant federal deficit increase.

Rep. Hixon commented **in support** of the motion, saying there are other ways to relieve the national debt beyond raising taxes.

Chairman Wood(27) said, **in support** of the motion, whether a person likes PPACA or not, at least Congress initiated funding for a new program before enactment. HHS should review and report whether or not these are appropriate and the right quantity of taxes to support the new program.

Rep. Vander Woude stated, **in support** of the motion, PPACA was legislated to keep health care costs down and then developed a financing method of taxing the industry providing the service, which just passes the tax back to providers, raising health care costs out of necessity. This is a good time to look at this circular taxing method.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **HJM 006** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Reps. Rusche** and **Chew** asked to be recorded as voting **NAY. Rep. Dayley** will sponsor the bill on the floor.

RS 22894C1: **Rep. Morse**, District 2, presented **RS 22894C1**, proposed legislation concerning Northwest fresh water aquifers that discharge and interact with the Spokane River. He explained the aquifer recharge in Idaho, use in Washington, and project to transport water from Lake Pend Oreille for discharge into the Washington aquifer. Rep. Morse said the project identified a discrepancy in the Director of the Department of Water Resources permit review ability. This proposed legislation protects Idaho water and resources by deleting the words "transportation" and leaving all other aspects of the Code the same.

MOTION: **Rep. Malek** made a motion to introduce **RS 22894C1. Motion carried by voice vote.**

RS 22909: **Rep. Morse** presented **RS 22909**, proposed legislation that replaces **H 439**, which was discovered to have ambiguous language that has been eliminated. All other elements of **H 439** remain intact.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22909. Motion carried by voice vote.**

RS 22807C1: **Rep. Romrell**, District 35, presented **RS 22807C1**, which brings attention to the effect of oral health on general health. The proposed Resolution supports increased overall health efforts, consistent state and local policies that consider oral health on overall health benefit, and community health initiatives to improve oral health outcomes. It also promotes the use of available resources to monitor oral health.

Dental decay is more common than asthma and obesity, especially in our younger population. Untreated, it can lead to serious health outcomes. Recent legislation has highlighted the serious health side effects from poor dental prevention.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22807C1. Motion carried by voice vote.**

SJM 105: **Rep. Christy Perry**, District 11, presented **SJM 105**, a Joint Memorial requesting Congress allow Idaho flexibility of the Supplemental Nutritional Assistance (Food Stamp) Program, to place focus on Idaho programs, citizens, products, and state expenses. This flexibility would not determine which foods are in the program. Instead it would provide the ability to explore and pursue a variety of programs and methods to improve and enhance the current system, including more aggressive public education about healthier food options. Through this memorial we open the conversation and join other states making the same request.

MOTION: **Rep. Rusche** made a motion to send **SJM 105** to the floor with a **DO PASS** recommendation. He said food assistance programs need to function at the highest and best levels possible for our citizens. Pursuit of ways to introduce better resources to our citizens is important.

Responding to questions, **Rep. Perry** stated the programs in other states that have this type of flexibility are funded separately by their states and are not subject to the Food Stamp Program regulation.

Rep. Hixon, in support of the motion, commented that it is a big issue for Idaho and, because of the economic impact, we deserve a say in the program.

Elizabeth Criner, Northwest Food Processors Association (NWFPA), testified **in opposition to SJM 105**, expressing concern about the reference to "foods authorized for purchase," which indicates a food list would be produced. The food processors manufacture foods which may be omitted from the list, although they are healthy. NWFPA would support educational programs.

Pam Eaton, President, CEO, Idaho Retailers Association, testified **in opposition to SJM 105**. She said they support healthy programs and ideas, but do not support a state food list. Grocery stores and distributors would face logistical nightmares trying to keep track of items on a list. She gave an example of another program's product list and the issues it cause small retailers who had to stock specific products. Also of concern are the additional labeling, signing, and checkout congestion. The Association is supportive of education and health ideas and wants to work as a partner in those efforts.

Molly Steckel, Idaho Medical Association (IMA), testified **in support** of **SJM 105**, stating that it sends a message to the federal government that we would like flexibility. She said this is likely all it does, since it would take an act of Congress to go further. This would give the DHW authority to gather stakeholders to discuss the best way to make changes to benefit Idaho citizens.

Answering questions, **Ms. Steckel** explained the DHW would have the authority to seek any budget increase necessary, if it was determined worthy of further pursuit. No waivers or flexibility have been granted to other states making the same request.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **SJM 105** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** asked to be recorded as voting **NAY. Rep. Perry** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:03 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.

Lincoln Auditorium - WW02

Wednesday, February 19, 2014

SUBJECT	DESCRIPTION	PRESENTER
	The Private Option Exploring Options for Medicaid Reform, Taxpayer Relief, and Improved Public Safety	Richard Armstrong Director Department of Health and Welfare

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 19, 2014

TIME: 9:00 A.M.

PLACE: Lincoln Auditorium - WW02

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Mark Zaleski, IBEW; Jr. Finlay, SMWIA; Sr. Brendon Corsin, 5AHS; Corey Surber and Jennifer Palagi, Saint Alphonsus; Russ Barron, DHW; Stacey Satterlee and Elli Brown, ACS CAN

Chairman Wood(27) called the meeting to order at 9:01 a.m.

Richard Armstrong, Director, Department of Health and Welfare (DHW), presented The Idaho Option: Exploring Options for Medicaid Reform, Taxpayer Relief & Improved Public Safety. This is a free market approach using the Your Health Idaho (YHI) insurance exchange as a vehicle to provide insurance policies to low income Idaho citizens and is true Medicaid reform.

Director Armstrong described the original Affordable Care Act (ACA), which envisioned people earning between 100% to 400% of the federal poverty level (FPL) receiving tax credits to purchase insurance and people earning less than 138% FPL enrolling in Medicaid programs. Decisions from legal challenges retained the tax credits, without the Medicaid enrollment requirement. This resulted in an entire segment of Idaho citizens unable to access any insurance coverage.

Medicaid has a current enrollment of 247,000. The original design covered people with disabilities, children with special health needs, and the low income elderly. An estimated 68,000, or 28% of all current Medicaid enrollees, fall into these categories. The remaining 179,000 participants are healthy low-income pregnant women, children, and adults with children, categories later added because there were no alternatives.

Director Armstrong said the uninsured adult population range is more serious when looked at by county. Fourteen counties have adult uninsured rates over 30%. Owyhee county has a rate of 40%. Latah and Madison counties have the lowest uninsured rate of 19%.

The free market approach uses qualified health plans from the YHI for low-income adults who are not eligible for Medicaid. Federal dollars pay the premiums. The Centers for Medicare and Medicaid Services (CMS) has approved free market approach demonstration pilot projects in Arkansas and Iowa, with Pennsylvania nearing approval, which cannot cost more than traditional Medicaid coverage. Arkansas was able to use all of their indigent and catastrophic funds as part of the formula, which makes it a reasonable and realistic direction for Idaho's waiver application.

In this approach, the DHW would make direct payments to the insurers. This differs from the Exchange insurers, who receive premium and subsidy payments from different sources. Premium payments are 100% federally funded until 2017, at which time the state begins paying a 5% share from the General Fund. This state share increases to 10% in 2020. If the plan levels change, enabling fail safe language would stipulate an immediate sunset. A minimum offering of two silver medal level plans will allow participants a choice.

The current screening process would be applied to assure truly medically fragile individuals are in Medicaid, following the program's true intent, and assuring insurance companies maintain their low rate advantage.

In further describing the private option, **Director Armstrong** said it significantly increases marketplace enrollees, encourages private carrier entry, expands service area access, and results in more competitive pricing. It also reduces churn between Medicaid and health plan coverage, particularly when an individual's employment or income level are reduced.

The Medical Indigency Program covers post-incident care. Counties pay the first $11,000 in claims and the state pays the balance. Recent reviews indicate an increase in claims exceeding $1 million by individuals at 300% FPL who are unable to pay off their debt in five years. The state and county combined costs for 2013 equaled $53 million and are expected to reach $92 million by 2020, unless something is done.

A Milliman actuarial analysis estimates Idaho could save 90% to 95% of the combined indigency costs with the private option coverage. This would result in a savings of $425.3 million from 2016 to 2020. Additional Medicaid costs from the ACA requirements for the same time period are expected to be $171.3 million. Costs and savings are estimated to equal a $102.9 million savings. Through the private option free market approach, Idaho could save more than $100 million by 2020 while insuring 104,000 individuals.

Behavioral Health Crisis Centers address a constant law enforcement limitation when dealing with individuals acting out in their communities. Officers currently have only two choices: incarceration; or, transport to a hospital emergency room (ER). If transported, the officer must remain with the individual until an assessment is done, which usually takes hours beyond the travel time. Crisis Centers allow stabilization and de-escalation of individuals. They connect patients with community resources so they can return to their homes, jobs, and prevent future crises and recidivism. The three centers, modeled after successful programs in other states, would be located in the panhandle, southeast, and southwest portions of the state. Provided start up funding would help contract the operations to community stakeholders. Oversight would be through a Community Board that would also develop a sustainable operations plan. Private providers and case workers would work with individuals in and out of the centers.

The Justice Reinvestment Initiative relies on behavioral health treatment. **Director Armstrong** described the initial sentencing and probation focus that revealed a growing recidivism and prison return problem due to mental health and substance abuse issues. By January, 2014, all health policies must have equal health benefits, including mental health coverage. He said this is an opportunity to prevent individuals returning to prison by involving them in treatment within their communities.

Responding to questions, **Director Armstrong** explained the available federal waiver being considered would fund the cost sharing within the benefit design of the ACA, providing a benefit subsidy for individuals who are below 250% FPL at the time of their claim. CMS has approved use of waiver monies, so there is no need for additional state dollars until 2017. The waiver cost parameters would be a challenge, which is why review of other state analyses is important to determine how to arrive at the neutrality amount.

There is no anticipated discontinuation of the Children's Health Insurance Program (CHIP). A family enrolled in a private insurance product, if faced with a qualifying low-income pregnancy, would probably not change their healthcare program. It is important to assure the assessment process places medically fragile individuals in the Medicaid program and not accidentally into private insurance. Since the mechanism to handle their specific needs is complicated and already in place, the modified Medicaid population is expected to be maintained in the current program.

Responding to further questions, **Director Armstrong** explained the Milliman analysis of state incurred costs indicated a shift to a quality of care business could be done immediately. Further evaluation of areas that could be moved to private insurance, along with increased general fund costs resulting from previously Medicaid eligible individuals now enrolling, emphasized the efficiency in moving costs to a more organized system of delivery.

Federal waivers are for a duration of five years. Previous waiver experience shows they are good for their duration, as long as there is no deviation, the performance continues, and the rules of engagement are demonstrated. The waiver surety is encouraging, especially when using similar language to that used by states granted the waiver. Since three states have been approved, there is an element of urgency to apply for the waiver because CMS can determine enough waivers exist to cover the demonstration.

A state plan amendment (SPA) is a structured benefit design. The federal waiver gives time to prove the value of an SPA and establish citizens would not be abandoned by pursuing this benefit design.

Answering further questions, **Director Armstrong** said unhealthy risk recognition assures individuals are in the appropriate plan and not sent out into private industry. Eventually the private industry will have guidelines to manage these complicated risks effectively.

All Exchange applications await review in the "queue" and may end up in the Exchange, Medicaid, or be ineligible. Individuals falling within the "gap" of ineligibility are being identified for future notification when an option becomes available.

Since the economic downturn, indigency claims have broadened to include chronic diseases and normal medical items like broken bones. This further indicates the economic state of households and rising healthcare costs. The Association of Counties is identifying the mill levy portion of the CAT and Indigent Programs in order to maintain their ability and responsibility to address other assistance needs, such as rent and energy, when the programs cease.

Insurance company executives had to set plan rates prior to implementation of the Exchange. Within insurance rating boundaries are factors that impact the rates, such as subsidized rates and higher premiums for older individuals. One third of individuals in any insurance cell submit zero claims in a year. Not surprisingly, 10% of the population uses 50% of the resources, but the demographics are looking good.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:37 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AMENDED AGENDA #3
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, February 20, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22887	Medically Indigent Program and Catastrophic Health Care Costs Program	Rep. Thomas F. Loertscher
RS22811	Medication Synchronization	Elizabeth Criner Veritas Advisors
RS22896C1	Medically Indigent Program and Catastrophic Health Care Costs Program	Rep. Janet Trujillo
RS22844C1	Exchanges of State Endowment Lands	Rep. John Vander Woude
RS22845C1	Public Records, Public Lands	Rep. John Vander Woude
RS22843	Lands Department	Rep. John Vander Woude
RS22952	Exploding Targets	Rep. Ed Morse

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, February 20, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Hancey
GUESTS:	Woody Richards, AHIP; Elli Brown, Veritas Advisors; Emily Patchin, St. Alphonsus; Marnie Packard, Pacific Source; Julie Taylor, Blue Cross; Elizabeth Criner, ACS-CAN/Pfizer

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the February 10 and February 11, 2014, meetings. **Motion carried by voice vote.**

RS 22887: **Rep. Tom Loertscher**, District 32, presented **RS 22887**, proposed legislation to repeal the Catastrophic Fund (CAT) and county indigent programs. The 2016 implementation date coincides with the county budget year, which starts October 1st. This delay gives time to consider how to handle the change and, if necessary, the Legislature a chance to develop replacement programs. Responding to a question, Rep. Loertscher said the burial and other nonmedical assistance will not be affected by this repeal. It was also important that the repeal not interfere in any way with community hospitals.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22887. Motion carried by voice vote.**

RS 22811: **Elizabeyh Criner**, American Cancer Society - Cancer Action Network, Pfizer, presented **RS 22811**, proposed legislation for medication synchronization for patients with chronic illnesses in Idaho. A prorated daily cost-sharing rate will be applied, if less than a thirty-day supply is issued when a medication synchronization is indicated. Pharmacists will be provided a synchronization dispensing fee. Insurance carriers will cover the prescription. This change is expected to improve outcomes and reduce nonadherence to medication therapies. Responding to a question, Ms. Criner said the patient has the choice to synchronize. Insurance carriers will have to cover the intermittent amount of pills to begin the synchronization.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22811. Motion carried by voice vote.**

RS 22896C1: **Rep. Janet Trujillo,** District 33, presented **RS 22896C1**, which is proposed CAT and county indigent program legislation that limits coverage to individuals below the 100% federal poverty level (FPL). With the implementation of the Affordable Care Act, individuals previously covered under the county indigent program are able to obtain health care coverage. Hardship exemptions are also obtainable through the Health Care Exchange. By shifting these services, Idaho becomes compliant with federal law. Savings are estimated at $12 million to the State General Fund and $6 million to the counties.

Responding to questions, **Rep. Trujillo** emphasized that this does not involve Medicaid. It only impacts individuals qualifying for the county indigent or CAT programs who would be eligible for insurance on the State Exchange. This complies with federal law. The effective date of January 1, 2016, allows additional enrollment time on the Exchange. The ACA has a Catastrophic Plan to cover hardship instances. The incentives available on the Exchange are given based on income levels, which can be detailed at the bill hearing.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22896C1. Motion carried by voice vote.**

RS 22844C1: **Rep. John Vander Woude**, District 22, presented **RS 22844C1**, relating to exchanges of state endowment lands. The proposed changes would require appraisals and review appraisals of endowment lands traded and of the lands received in exchange for them. This assures previous value exchanges are proper, protecting investments of endowment funds for proper return on exchanges.

Rep. Morse invoked Rule 38 because he holds the designation required in this legislation.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22844C1. Motion carried by voice vote.**

RS 22845C1: **Rep. John Vander Woude**, presented **RS 22845C1**, which addresses appraisals for public lands. Currently the appraisals are not public records and available for review until after the deal is completed. This proposed legislation makes the appraisals public record prior to the exchange, so the documents can be properly reviewed.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22845C1. Motion carried by voice vote.**

RS 22843: **Rep. John Vander Woude**, presented **RS 22843**, proposed legislation for Department of Lands reporting. The current reporting fluctuation is addressed to create a tighter report to understand earnings and affect on endowments. The Department has 2.4 million acres of land, so a good financial report is important.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22843. Motion carried by voice vote.**

After a brief recess, **Chairman Wood(27)** called the meeting back to order at 9:38 a.m.

RS 22952: **Rep. Luke Malek**, District 4, presented **RS 22952**, proposed legislation that excludes the use of exploding targets on public lands that are closed during fire season. These devices are popular and this legislation would reduce the risk of wild fires. This is replacement legislation for a Resources and Conservation Committee bill that required a technical correction.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22952. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:41 a.m.

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Representative Wood(27)
Chair

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Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, February 24, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22865	Medical Retainer Agreements	Rep. Lynn Luker
S 1224a	Behavioral Health Services	Ross Edmunds Administrator Dept. of Health & Welfare
S 1295	Childhood Immunization - Sunset Repeal	Sen. Jim Guthrie
S 1263	Vital Statistics - Registered Nurses	James Aydelotte State Registrar Dept. of Health & Welfare

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, February 24, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Malek
GUESTS:	Kathie Garrett, NAMI Idaho; Mitch Scoggins, and James Aydelotte, IDHW; Susie Pouliot, Idaho Medical Assoc.; Wood Richards, Insurance Companies; Elizabeth Criner, ISDA; Stacey Satterlee, ACS-CAN

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22865: **Rep. Lynn Luker**, presented **RS 22865**, proposed legislation for medical retainer agreements, also known as concierge services, which are direct patient and medical provider relationships with no insurance involvement, unless submitted by the patient. The Affordable Care Act (ACA) allows qualified direct primary care provider services for individuals who are unable to afford insurance or have personal private care. A medical provider is anyone licensed to provide healthcare services within their scope of practice. The retainer agreement must describe the general scope and services included. The medical provider cannot bill the insurance directly. This is not subject to regulation by the Department of Insurance, since it is not health insurance.

Responding to questions, **Rep. Luker** said the defined medical provider could be with a medical group or corporation. This is a direct relationship between the patient and the provider, and removes the insurance billing step from the relationship. This would be the same as any business-customer relationship, with no appeals process or agency oversight. This type of relationship is the only ACA recognized component outside of the health insurance. It removes the number of people between the patient and provider, restoring a direct relationship.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22865.**

Answering additional questions, **Rep. Luker**, said termination of the agreement is possible by either party or the agreement can be for a specific period of time. He described the various contracts available under the provision.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22865. Motion carried by voice vote. Rep. Rusche** requested that he be recorded as voting **NAY**.

S 1224aa: **Ross Edmunds**, Administrator, Division of Behavioral Health, Department of Health and Welfare (DHW), presented **S 1224aa**. This legislation achieves three major steps in the transformation of Idaho's behavioral health system of care. It integrates the existing mental health and substance use disorders systems into a single, unified behavioral health system. It establishes Regional Behavioral Health Boards to provide communities the opportunity to greater influence their local behavioral health system, with increased responsibility, if they choose. It establishes clearly defined roles and responsibilities for the Regional Mental Health Centers, the Regional Behavioral Health Boards, and the State Behavioral Health Planning Council.

Mr. Edmunds described the proposed behavioral health organizational structure that consists of the Executive, Legislative and Judicial branches, which have direct authority and advisory capacity for a variety of boards, councils, commissions, and centers. A Behavioral Health Interagency Cooperative will advise the DHW on behavioral health issues within the criminal justice system. The DHW will provide $45,000 from existing funds, to each Regional Behavioral Health Board and will contract with them for recovery support services.

This legislation provides a safety net for those in need of behavioral health services, develops a recovery support services system, moves leadership and influence to the community level, and articulates the role and responsibility of the DHW in Idaho's behavioral health system of care.

Answering questions, **Mr. Edmunds** said the existing regional development specialists are volunteers who assist the Regional Advisory Boards with substance abuse and behavioral health. This staff is expected to transition over to the Boards, along with their salaries and funds. Growth is expected in the area of recovery support services. The Boards will be funded from the $45,000 base funding, grants, housing assistance, respite, and other sources. Similar to the Health Districts, funds will flow through the DHW out to the Regional Boards.

Anyone in the criminal justice system has an equal opportunity to services. Assessments of individuals can be followed by the judges, who can then order them into behavioral health care services. The DHW has the financial responsibility for the services, if no other source of payment is available.

The $45,000 base funding opens the doors. Grant funding can be as big a part of each Board's overall funding as they choose.

Individuals will continue to need behavioral health services; however, a decline in those accessing ongoing services through the DHW is expected. ACA benefits will not cover recovery support services, which are as important as clinical treatment services, which are covered. People between benefits will need a safety net provider, which is what the DHW becomes under this system, particularly with the nature of mental illness. The Behavioral Health Authority must assure a system is in place to meet the needs of individuals who are not covered. Ongoing care and treatment at the Regional Board level will be funded through the DHW, but the Councils will need sustainability plans.

Regional Behavioral Health Centers is the new name for the existing state-run clinics. This legislation clarifies their roles and responsibilities, including court services treatment delivery. Recovery Centers are community-based efforts. Regional Health Boards could be a champion to help develop community efforts to generate funds.

Responding to a question about membership, **Mr. Edmunds** explained behavioral health care is accessed by many systems with many stakeholders, including criminal and juvenile systems. The Executive Committee is the business end of the Regional Boards.

Kathie Garrett, NAMI Idaho, testified **in support** of **S 1224aa**, stating their previous concerns were addressed during the interim, with changes that improved the legislation. Their main concern was the role and services definition for the DHW addressing severe and persistent mental illness. This is the end stage and the wording would codify it as the only aspect of behavioral health services they would provide.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1224aa** to the floor with a **DO PASS** recommendation. He said this is a good first step toward regionalization; but, it is a bit of rearranging due to advocacy difficulties and one more reason to plead for low income insurance coverage.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1224aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** asked to be recorded as voting **NAY. Chairman Wood(27)** will sponsor the bill on the floor.

S 1295: **Sen. Jim Guthrie**, presented **S 1295**, to repeal Chapter 134, Section 2 of the 2010 Idaho Session Laws which stipulates a sunset provision of July 1, 2014. If the sunset provision remains, the Childhood Immunization Policy Commission will dissolve. He described the commission membership, purpose, and accomplishments. Sen. Guthrie emphasized the Commission improves access and quality of vaccines and does not force immunization. The fiscal note of $1,000 is catchall for miscellaneous minor expenses and travel expenses for attending DHW staff. Answering a question, he said the Commission makes recommendations, but does not create provider rules or regulations.

MOTION: **Rep. Rusche** made a motion to send **S 1295** to the floor with a **DO PASS** recommendation. He said it is important to recognize community experts and incorporate their wisdom and knowledge in the state vaccine policy.

Susie Pouliot, Idaho Medical Association, testified **in support** of **S 1295**.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1295** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Thompson** will sponsor the bill on the floor.

S 1263: **James Aydelotte**, Bureau Chief, Bureau of Vital Records and Health Statistics, Department of Health and Welfare Bureau of Records presented **S 1263**. Legislation passed during the previous session changed the term "Advanced Practice Professional Nurse" to "Advanced Practice Registered Nurse." This legislation updates this same terminology in several places in vital statistics law to provide consistency. He emphasized there are no changes to responsibility or scopes of practice.

MOTION: **Rep. Rusche** made a motion to send **S 1263** to the floor with a **DO PASS** recommendation.

For the record, no one indicated their desire to testify.

Responding to a question, **Mr. Aydelotte** said the fiscal estimate is based on changes required to the automated systems and a lower, more accurate estimate has since been received.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1263** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:01 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, February 25, 2014

SUBJECT	DESCRIPTION	PRESENTER
S 1291	Dentists - Definition Revisions	Bill Roden Delta Dental Plan of Idaho
S 1261	Nurses - Criminal History Checks	Sandra Evans Director Idaho Board of Nursing
RS22938	Telemedicine	Rep. John Rusche
RS22978	Video Voyeurism	Rep. Luke Malek

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Tuesday, February 25, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative(s) Morse, Vander Woude
GUESTS:	Julie Taylor, Blue Cross of Idaho; Bill Roden, Delta Dental of Idaho; Fernando Castro, Department of Health & Welfare (DHW); Sandy Evans and Kathleen Pollard, Board of Nursing; Elizabeth Criner, ISDA

Chairman Wood(27) called the meeting to order at 9:02 a.m.

S 1291: **Bill Roden,** Delta Dental of Idaho, presented **S 1291**. He said Delta Dental is a 501(c)4 professional service corporation comprised of dentists who, if the corporation fails, are obligated to fulfill existing contracts. Current Idaho Code lists which programs can be offered by 501(c)3 and 501(c)4 corporations. Without a change in Code, Delta Dental would be forced to terminate business or reorganize as a 501(c)3 in order to continue their existing programs. This legislation adds to the listed programs that a 501(c)4 corporation can provide. Other changes make terms gender neutral, adds school districts to the list of program providers, and changes reference to migrant health center to federally qualified health center. The final addition allows the Board of Dentistry reapproval of oral health care programs annually, or at other times deemed necessary by the Board.

Answering Committee questions, **Mr. Roden** said the oral health care program lists have been placed into two subsections to better identify and separate reduced fee programs from the 501(c)3 or 501(c)4 programs. Children participate in school programs voluntarily and with parental permission. If any problem is detected, parents are advised and urged to get the appropriate dental care, without any solicitation of their business.

MOTION: **Rep. Malek** made a motion to send **S 1291** to the floor with a **DO PASS** recommendation.

Elizabeth Criner, Idaho State Dental Association, testified that they **support S 1291**.

For the record, no one else indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1291** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

S 1261: **Sandra Evans**, Executive Director, Board of Nursing, presented **S 1261**, which amends the Board's ability to conduct fingerprint-based criminal background checks on nurse licensure applicants. Participating agencies must adhere to standards of the National Crime Prevention and Privacy Compact, which governs the exchange of criminal history record information for noncriminal justice purposes.

Updates include clarification that applicants submit fingerprints and related fees directly to the Board for forwarding to the appropriate law enforcement agency for processing. Proposed modification is made to clearly indicate criminal background reports shall be used only for making licensing decisions, with handling and disposal consistent with requirements of the Idaho State Police (ISP) and Federal Bureau of Investigation (FBI). These changes are the result of discrepancies identified in the 2011 audits by the FBI and ISP.

For the record, no one indicated their desire to testify.

MOTION: **Vice Chairman Perry** made a motion to send **S 1261** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

RS 22938: **Rep. John Rusche**, District 6, presented **RS 22938**, a Resolution calling for a DHW Council to develop telehealth and telemedicine guidelines. Telehealth delivers health services removed from the health professional's location and is expanding along with technology, where broadband is available. With this new avenue of health care, questions arise about appropriate professional standards, regulation of telecommunication use by a variety of professions, differences from face-to-face communication, record keeping, workflow, technology security, and reimbursements. To address these and other issues while treating patients in their homes over the internet, a standardized approach for Idaho is necessary. The suggested council membership is a broad stakeholder list. There is an unofficial board in existence, which is formalized by this legislation.

Responding to questions, **Rep. Rusche** said several states have already enacted this type of legislation in a variety of ways, including a separate governmental department and a council in the governor's office. They all exist because the states see the same proliferation of use and desire standardization for use of services, particularly in rural areas.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22938**. He commented this is a beneficial piece of legislation for the rural areas of Idaho.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to introduce **RS 22938. Motion carried by voice vote.**

RS 22978: **Chairman Wood(27)** announced **RS 22978** will be carried over until tomorrow's committee meeting.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:27 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #2
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Wednesday, February 26, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS22997	Hospitals	Steven A. Millard Idaho Hospital Association
RS22998	Hospital Database	Rep. John Rusche
RS22918	Bond Issuance	Brian Kane Office of the Attorney General
RS22978	Video Voyeurism	Rep. Luke Malek
RS23002	Life Insurance	Rep. Brandon Hixon
RS23005	SNAP	Rep. Christy Perry
RS22977C1	Naturopathic Medicine	Kris Ellis Idaho Chapter American Association of Naturopathic Physicians

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Wednesday, February 26, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	None
GUESTS:	Kris Ellis, IDAANP; Colby Inzer, IANP; Julie Taylor, Blue Cross; Woody Richards, Insurance Companies; Elizabeth Criner, WinCo

Chairman Wood(27) called the meeting to order at 9:00 a.m.

RS 22997: **Steve Millard**, President, Idaho Hospital Association, presented **RS 22997**, which changes the previously printed **H 520** to clarify the private hospital assessment determinations will use a rolling yearly schedule for each hospital's fiscal year.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22997. Motion carried by voice vote.**

RS 22998: **Rep. John Rusche**, District 6, presented **RS 22998**, which is a repeat of **HCR 39** that was held due to concerns expressed by the health plans about the specificity of one phrase. A change was made to non specification of a claims data base, which allows for the consideration of a variety of available data base types and price ranges. This is a less prescriptive approach to hospital discharge and health care data collection.

MOTION: **Rep. Hixon** made a motion to introduce **RS 22998** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

RS 22918: **Brian Kane**, Idaho Attorney General's Office, presented **RS 22918**. This proposed legislation removes three sections that require the Attorney General's Office deliver an opinion on bond issues about which they have no knowledge of correctness. A new section clarifies delegation authority, enabling public bodies to enter the bond market with the most competitive position available, potentially saving note holders a significant amount of money.

MOTION: **Rep. Malek** made a motion to introduce **RS 22918. Motion carried by voice vote.**

RS 22978: **Rep. Luke Malek**, presented **RS 22978**, revised legislation regarding instances where images, meant to be intimate, are posted for reasons other than sexual gratification.

Responding to questions, **Rep. Malek** said the addition of the phrase "or with reckless disregard" broadened the language to address the legal burden of proof that an individual's actions may not have been what was intended. Any resulting incarceration would have an impact to the General Fund.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 22978. Motion carried by voice vote.**

RS 23002: **Rep. Brandon Hixon**, District 10, presented **RS 23002**. He invoked Rule 38 stating he is an Idaho licensed life insurance agent. This proposed legislation, creating a new section in Chapter 19, Title 41, Idaho Code, states that no life insurance policy can be lapsed or cancelled unless notice has been given via certified mail. It includes a designee notification provision and allows insurers to charge insureds for any notification fees. This will be an option for insureds to have on their policies. The specified implementation date allows the insurance industry to come into compliance.

Rep. Hixon answered questions, stating that an "insured" is the person about whom the policy is written and the policyholder is the owner of the policy. The current system relies on standard mail.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 23002. Motion carried by voice vote.**

RS 23005: **Rep. Christy Perry**, presented **RS 23005**, proposed legislation to request the DHW stagger issuance of food stamp program benefits. They are currently issued on the first day of the month, which coincides with other federal payments and places a hardship on retailers. The DHW has suggested a change to a ten consecutive day issuance schedule. Implementation would be by December 31, 2015. The annual food stamp bonus money from the U.S. Department of Agriculture is to be used toward the implementation costs.

MOTION: **Rep. Rusche** made a motion to introduce **RS 23005. Motion carried by voice vote.**

RS 22977C1: **Kris Ellis**, Idaho Chapter, American Association of Naturopathic Physicians, presented **RS 22977C1**, describing events occurring since 2005 and the recurring theme that existing Rules and standards of education have not gone into effect. The proposed legislation for the Naturopathic Medicine Licensing Act will use the same education standards used for all medical licenses in Idaho and allow voluntary registration for recognized naturopaths, due to their length of practice.

The existing law, Chapter 51, Title 54, Idaho Code, enacted in 2005, is repealed and replaced with a new Chapter 51. **Ms. Ellis** then detailed the significant portions within the new chapter.

Section 5101 expresses the intent that those practicing under the Smith decision continue to practice. Section 5102 defines an approved naturopathic medical program and natural health care services. Section 5103A clears up confusion about use of the term "Doctor". It grandfathers those calling themselves naturopathic doctors, if they register before July 1, 2015. After that date only licensed naturopathic doctors can use the term.

Section 5104 list practices that are exempt from licensure requirements. Section 5105 lists licensed titles. Sections 5106 and 5107 establishes and defines the powers and duties of a Board of Naturopathic Medicine comprised of three naturopathic physicians, one medical doctor, and one pharmacist.

Section 5108 establishes the licensing educational standards, grandfather parameters, renewal, and fees. Section 5112 covers disciplinary action only for licensees. Section 5113 addresses denial or discipline for individuals representing themselves as registered, calling themselves a Doctor without registration, practicing as another licensed profession, or having a history of criminal activity. There is no intent or provision for regulation or discipline for registrants who practice natural health care services.

Additional changes add the Board of Naturopathic Medicine to the list of boards overseen by the Bureau of Occupational Licenses statutes, and gives the Board the authority and responsibility to repay the debt of the previous Board. Licenses issued and actions taken by the previous Board are declared null and void.

Licenses will be required after July 1, 2015. This Act will sunset in 2020, unless continued by the Legislature.

Ms. Ellis emphasized the need for this legislation to address serious concerns about previously issued licenses, patient complaints, and a non-functioning board with an accrued debt.

MOTION: **Rep. Rusche** made a motion to introduce **RS 22977C1. Motion carried by voice vote.**

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:36 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, February 27, 2014

SUBJECT	DESCRIPTION	PRESENTER
HCR 43	Oral Health	Rep. Paul Romrell
H 519	Mentally Ill - Restraint Use	Rep. John Rusche
H 527	Public Assistance	Rep. Ed Morse
H 535	Indigent Sick	Rep. Janet Trujillo

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 27, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Dave Taylor, IDHW; Elizabeth Criner, ISDA; Stacey Satterlee, ACS CAN; Julie Taylor, Blue Cross; Marnie Packard, Pacific Source / IVC; Colby Cameron, Sullivan & Regerger/Dentaquest; Jim Baugh, DRI

Chairman Wood(27) called the meeting to order at 9:00 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the February 12, February 13, February 17, February 18, February 20, and February 25, 2014, Committee meetings. **Motion carried by voice vote.**

HCR 43: **Rep. Paul Romrell**, District 35, presented **HCR 43**, a Resolution recognizing the importance of oral health for all Idahoans. He described the various Idaho programs addressing children's oral health. Poor oral health care, as has been demonstrated by the removal of Medicaid dental health benefits, has a costly general health impact.

Elizabeth Criner, Idaho State Dental Association, testified **in support** of **HCR 43**. Dentists are committed to building the awareness of community oral health issues through initiatives. This legislation helps dentists further educate communities about the relationship between a healthy mouth and a healthy body.

Stacy Satterlee, American Cancer Society, Cancer Action Network, testified **in support** of **HCR 43**. Oral health is often taken for granted and can be a sign of systemic diseases, which early detection and treatment can be resolved. Cancer treatments can also intensify minor oral health issues. This resolution will improve the cancer patients' quality of life by raising awareness of oral health, daily health and our daily lives.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Hancey** made a motion to send **HCR 43** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 519: **Rep. John Rusche**, District 6, presented **H 519**, legislation that addresses the Mental Health Board request and concern about therapeutic services disrupted by the transport between facilities by the common use of restraints. The change directs transport without restraints, if instructed by the releasing physician. Recognizing that restraints may be necessary during a transport, the officer is allowed use of restraints, but must log the use.

Responding to questions, **Rep. Rusche** said most patients transported from a private hospital to a state hospital are in the custody of the state, which uses court commitment transport by police officers. The type of restraints are typically handcuffs, but could include leggings.

Jim Baugh, Executive Director, Disability Rights Idaho, testified **in support** of **H 519**. Surveys from mental health individuals indicate their desire to not have restraints used as a standard procedure for transport. Restraints decrease the effectiveness of mental health treatment and hinder recovery ability. This bill gives the Doctor in charge of the transfer control of the situation, unless the officer decides otherwise, at which time a report is filed for the patient records.

For the record, no one else indicated their desire to testify.

MOTION: **Vice Chairman Perry** made a motion to send **H 519** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor.

H 527: **Rep. Ed Morse**, presented **H 527**, legislation that mandates the Department of Health and Welfare (DHW) adopt technological tools to investigate, audit, and control fraud in public assistance programs, with an implementation criteria. It requires use and adoption of the National Correct Coding Initiative (NCCI) for more service detailed coding, a recovery audit contractor, and cost benefit analysis of public assistance reward program. It also requires the DHW annually report to the germane Legislative Committee.

Responding to questions, **Rep. Morse** said the DHW is currently working with a recovery audit contractor program. Both NCII and the Medicaid Management Information System (MMIS) are in use. The screening audit data collection analytics vary, based on software and data availability.

MOTION: **Rep. Hixon** made a motion to send **H 527** to the floor with a **DO PASS** recommendation. He spoke to the motion, saying we need to be good Idaho tax dollar stewards, especially where data analytics can drive the oversight of these functions and the cost is revenue neutral.

Rep. Morse, answering questions, said the activities are handled within the Department, except the external audit recovery contractor used to identify and recover overpayments. This type of contractor has been used in the past and is paid on a contingency fee basis. The Department indicates a cost associated with data system enhancements. The cost neutrality is from DHW analysis that implementation cost would be offset by increased future recovery.

Dave Taylor, Deputy Director, DHW, Medical and Welfare Fraud Unit, was invited to answer Committee questions. He said the Department is already doing the work listed in the bill. Depending on the DHW decision, the reward and recovery program costs would be covered by recoveries. The Medicaid Program Integrity Unit, with 16 staff members, has a 2013 recovery rate of over $1 million beyond the unit's cost. A contractor, brought in approximately eighteen months ago, has been used in a limited fashion, with strict Department parameters. He was unaware of how this compares with other states. Answering a question, he expressed appreciation of the legislation's intent, but it does not change what they are already doing.

For the record, no one indicated their desire to testify.

Rep. Morse explained the legislation lays out a protocol and a series of programs for the Department to follow, including reporting their anti fraud successes and effectiveness to the germane committees and the public.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 527** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** requested she be recorded as voting **NAY. Rep. Morse** will sponsor the bill on the floor.

H 535: **Rep. Janet Trujillo**, presented **H 535**, legislation to limit the responsibility of the State Catastrophic Health Care Cost Program (CAT) and the County Medical Indigency Program to cover only those individuals whose income is below 100% of the federal poverty level (FPL). She gave a history of the indigent program, noting the intent that they are the payor of last resort. She then described Cobra's impact on hospitals, Idaho's CAT fund program, the Affordable Care Act (ACA) catastrophic coverage, and how subsidies help make health insurance affordable. She compared Medicaid, county, and CAT fund payouts to the monthly cost for healthcare through the ACA, noting the many options and better preventative care available under that program. The estimated cost savings are $12 million to the State General Fund and nearly $6 million to the counties.

Rep. Rusche, a CAT Fund and Health Care Exchange Board Member, commented that the CAT Fund pays 95% of the Medicaid interim rate. It is the individual's responsibility to pay the premium and any additional co-pay connected with their product.

Tony Poinelli, Idaho Association of Counties, was invited to answer a question. He said the term "in need" is in line with individuals with a non-emergency medical need or prior application. The CAT Fund applications are all reviewed by a medical reviewer.

MOTION: **Rep. Hixon** made a motion to send **H 535** to the floor with a **DO PASS** recommendation.

Rep. Trujillo responded to a question, stating anyone choosing not to have insurance would fall under COBRA, placing the burden back on the hospital system, whose business models include this type of patient. A study of 1,300 CAT Fund cases yielded the state and county fiscal calculations.

Katherine Mooney, Program Director, CAT Fund Program, was invited to further answer the question. She said the sample of cases were broken down with the help of a DHW staff member, determining that 60% were above and 40% were below 100% FPL. The group addressed in this legislation are financially stable, but have made the choice not to have insurance.

Jim Baugh, Disability Rights of Idaho, testified in **support** of **H 535**, because people with disabilities, mental illnesses, or veterans with non-service disabilities, can have incomes exceeding 100% FPL, although not employed full time. Medicare requires a two-year qualification waiting period. These individuals need to transition into the insurance exchange, which may not happen before the January, 2016, enactment date. He expressed support for the transition away from the CAT Fund, but expressed concern with predicting what will happen with the ACA in two years.

For the record, no one else indicated their desire to testify.

Answering further questions, **Rep. Trujillo** said persons awaiting Medicare would be exempt from the indigency program, but would have the ACA emergency provisions, so they would not be vulnerable.

Rep. Rusche expressed his concern that this forces greater state dependency. Individuals can pay a fee rather than obtain insurance and be legally ACA compliant. This would cause provider cost shifting to commercial insurers, especially since Medicare and Medicaid rates cannot be increased. In absence of true Medicaid expansion, people will be on and off the CAT Fund when their FPL level fluctuates, causing separation of claims treatment. He expressed further concern that the cost savings will not be as much as indicated, upon federal Medicaid expansion funding. Finally, Rep. Rusche pointed out the hospitals and carriers, who will have to face the cost shift, were not at the hearing to testify today.

Chairman Wood(27) said individuals who are informed and understand the cost of a policy, which could be free, will sign up. There will be two open enrollment periods before the enactment date. This legislation starts the state down the road to Idaho's version of its indigent healthcare system redesign by putting everyone who is not disabled in the private sector with insurance. ACA is affordable to the patient, not the taxpayer, which is what was intended. He agreed with concerns about the future, but expressed his confidence that it is a step in the right direction.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 535** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** asked to be recorded as voting **NAY. Rep. Trujillo** will sponsor the bill on the floor

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:22 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 03, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS23036	Social Worker Resolution	Rep. John Rusche
HCR 46	Telehealth & Telemedicine Council	Rep. John Rusche
H 561	Hospitals	Steven A. Millard President Idaho Hospital Association
S 1328	Emergency Medical Services	Wayne Denny Chief Bureau of Emergency Medical Services and Preparedness

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Monday, March 03, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Malek
GUESTS:	Wayne Denny, Paul Leary, Dave Taylor, Elke Shaw-Tulloch, Department of Health & Welfare; Julie Taylor, Blue Cross of Idaho; Stacey Satterlee, ACS CAN; Gloria Totorilaguena, PNWER;

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the February 24, 2014, Committee meeting. **Motion carried by voice vote.**

RS 23036: **Rep. John Rusche** presented **RS 23036**, a proposed Resolution to proclaim March, 2014, Social Worker Recognition Month.

MOTION: **Vice Chairman Perry** made a motion to introduce **RS 23036** and recommend it be sent directly to the Second Reading Calendar. **Motion carried by voice vote. Rep. Rusche** will sponsor the Resolution on the floor.

HCR 46: **Rep. Rusche** presented **HCR 46**, legislation to promulgate telecommunication Rules for standardized telehealth services, regulation, and support. He described the telehealth work group's purpose, expansion, and recommendations. Training is needed to incorporate telehealth into practices serving rural areas. Compensation standards are important to adopt the technology. Televisits to facilities like nursing homes will improve residents' health and lower costs. The $30,000 fiscal note is a cost estimate from the DHW, who anticipates it to be a part of the State Healthcare Innovation Plan (SHIP) Grant and Home Project. Additional grants and existing funds will be sought if it is not a part of the SHIP grant.

For the record no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **HCR 46** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the Resolution on the floor.

H 561: **Steve Millard**, President, Idaho Hospital Association (IHA), presented **H 561**, legislation to remove limiting dates and continue hospital assessments. He shared the way Medicaid reimburses hospitals, the upper payment limit (UPL), and the use of intergovernmental transfers (IGTs) to leverage federal funds. The Idaho Hospital Assessment Act received federal approval under strict guidelines to provide private hospital aggregate assessment parameters to be the state match and access additional federal Medicaid IGTs, with a sunset date to assure it was working properly.

A 2009 omnibus bill designed to reduce overall Medicaid expenses, modified the Hospital Assessment Act to include the Disproportionate Share Hospital (DSH) Program as an additional assessment levied on private hospitals to require hospitals pay the state's share to leverage federal Medicaid DSH funds. This remains in existing law to offset losses for serving Medicaid patients.

In a memorandum of understanding (MOU) in 2010 all Idaho community hospitals agreed to assessments, beyond the UPL assessment, in the amount of $50M over the next two state fiscal years. The applicable legislation contained a 2012 sunset clause to restore the statute to its original status and removed the 2009, 2010, and 2011 limiting dates to allow assessment continuation. Assessment payments continued during 2013. A legislative audit led to the discovery that the 2012 sunset reversal also restored the limiting dates in error.

H 561 removes the limiting dates to make the assessments perpetual, as intended. Additional changes provide language consistency.

Responding to questions, **Mr. Millard** said the ACA decrease in DSH payments will result in a smaller amount distributed to offset the costs to hospitals. Private hospitals are non-profit and for-profit hospitals. All other hospitals are either district or county hospitals and would be referred to as public hospitals or governmental hospitals. The term "Non state owned governmental hospitals" is used by the Centers for Medicare and Medicaid Services (CMS) and include county and district hospitals, not state hospitals.

MOTION: **Rep. Rusche** made a motion to send **H 561** to the floor with a **DO PASS** recommendation. He said as a result of what is likely to happen with our gap Medicaid population and DSH payment reduction, it is important to have this extra allowable funding.

Mr. Millard explained the audit revealed the Department didn't have authority to receive the 2013 assessment, but, since it went through the Joint Finance and Appropriations Committee, they could document that a mistake was made in the implementation of **H 656**. Without this legislation, the money would have to be paid back to the CMS and hospitals, which would be a large impact to the hospitals, but not to the General Fund.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 561** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Chairman Wood(27)** will sponsor the bill on the floor.

S 1328: **Wayne Denny**, Chief, Bureau of Emergency Medical Services (EMS) and Preparedness, Division of Public Health, Department of Health and Welfare (DHW), presented **S 1328**. The EMS health care profession is charged with the delivery of emergency medical care in Idaho. The Idaho Code EMS definition describes the system in which EMS is delivered, but does not describe when care provided is considered EMS.

This legislation adds new language to focus on the aid rendered by a person or group of persons and describes elements that must be met in order for the aid being rendered to be considered EMS. The new language will not have any effect on currently licensed EMS personnel or organizations. The definition also clarifies EMS is not first aid provided by a bystander. Specific code reference is made to the Idaho Medical Practice Act that added National Ski Patrol affiliated ski patrollers to a list of unlicensed persons who may practice medicine and EMS in Idaho.

Answering questions, **Mr. Denny** said the new definition captures all currently licensed persons. They were careful not to include guides and outfitters. The requirement that all elements must be met to be considered EMS excludes good samaritans. Licensure for ski patrol personnel is not required, although some are licensed.

For the record no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1328** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:40 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Tuesday, March 04, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS23038	Indigent Health Care	Anthony Poinelli Idaho Association of Counties
	Alzheimer's Disease and Related Dementias	Dr. Troy Rohn, Ph. D. Professor Dept. of Biological Sciences Boise State University
	Idaho State University School of Pharmacy	Lindsey Hunt, Student
		Cory Nelson, Student
		Andrea Winterswyk, Student
	Idaho Counseling Association	Kendal Tucker President

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 04, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Rep. Vander Woude

GUESTS: Julie Taylor, Blue Cross of Idaho; Mike Brassey, St. Luke's Health System; Elli Brown, Veritas Advisors; Cynthia York, DHW; Tony Poinelli, IAC; Steve Millard, IHA; Stacy Satterlee, ACS CAN; Elizabeth Criner, ISDA/ACSCAN; Kendal M. Tucker, LPC, and Susan Perkins, Ph.D, Idaho Counseling Association

Chairman Wood(27) called the meeting to order at 9:02 a.m.

RS 23038: **Tony Poinelli**, Idaho Association of Counties, presented **RS 23038**, regarding the indigent health care process for counties and providers. Changes address the application process. Clarification is made to definitions for a completed application, timely filing dates, and medical record acknowledgements.

Responding to questions, **Mr. Poinelli** said the program is incident based and non-emergency or ongoing care is still allowed, dependent on the billing code. A medical professional reviews all cases to determine appropriateness and eligibility.

MOTION: **Rep. Romrell** made a motion to introduce **RS 23038. Motion carried by voice vote.**

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

Dr. Troy Rohn, Professor, Department of Biological Sciences, Boise State University, presented the Alzheimer's Disease and Related Dementias (ADRD) update, including the statewide plan.

He described this irreversible brain disease and its relationship to dementia. **Dr. Rohn** also stated the majority of cases are not hereditary and they are researching a noted genetic risk increase.

The statewide strategy emphasizes increased public awareness, information access, support services coordination, ADRD specific training, and data collection development.

An informational relationship developed with the statewide 2-1-1 Care Line now offers a transfer to the National Alzheimer's Association's line. Additional efforts to promote this phone resource include Governor Otter's Alzheimer's public service announcement (PSA), which has been shown at medical conferences and symposiums.

Research and education costs are minimal, when compared to costs associated with other leading causes of death is the U.S. Baby Boomers are now becoming a part of the growing number of Alzheimer’s patients. By age 85, the fastest growing Idaho age segment, the chance of getting Alzheimer’s increases by 50%, and 260,000 Idahoans already have this disease.

Catherine Dickson, Senior, Boise State University, explained the data collected from the 2-1-1 Care Line will indicate much more after three or more years. However, the number of calls per quarter increased during the summer months, after the PSA aired and the bulk of their marketing was completed. Individual referrals were strong in the third quarter and referenced the flyer or brochure, which are also available on their website.

Joel Loiacono, Executive Director, Inland North West Chapter, Alzheimer's Association, said our nation spends $203 million annually on Alzheimer's. It is the most expensive disease, surpassing heart disease. The Alzheimer's Act provides cost savings and correct diagnosis hope through Medicare and Medicaid incentives. Federal legislation has also funded additional research and caregiver support.

Answering questions, **Dr. Rohn** said whatever is good for the heart is good for the mind. He encouraged physical activity, social activity, and using our brains. Assisted living and skilled nursing facility reimbursement rates are being evaluated because they limit ADRD patient choices. A future program could include community-based research care coaches to train families.

Lindsey Hunt, Student, Idaho State University (ISU), gave a presentation on the Idaho State University School of Pharmacy. She described the prerequisites and types of study at the School of Pharmacy. Most students do a post graduate year two (PGY2) residency for focused areas of study. Fifty percent of their graduating students leave Idaho, because they want more training and more certification than is available.

Andrea Winterswyk, Student, Idaho State University, described their statewide patient outreach activities. They go to heart health clinics to monitor cholesterol, blood pressure, and screen for diabetes. Immunization, their largest evidence-based focus, has resulted in 5,363 Idahoans immunized so far this year.

The students are very active in community education. Their prescription based drug abuse presentation uses the Idaho Digital Learning Academy. Poison prevention for Kindergarten to second grade children teaches recognition of household poisons. They are planning future clinics to address herbal dietary supplement awareness and over-the-counter drug education.

All of their projects are financed through fund raising. In 2013 they raised $24,800, with donations of $8,000 to Make a Wish and $700 to HODIA, a program dedicated to provide camps and activities for youth with diabetes. **Ms. Winterswyk** said they are a small school with national impact and described their many awards.

Cory Nelson, Student, Idaho State University, discussed the medical system change and future role of Pharmacists. Pharmacists can help with both primary care and medication non-adherence issues. Instances of pharmacist involvement have reduced medication therapy costs. St. Luke's hired an antibiotic stewardship pharmacist who saved them over $197,000 in antibiotic costs in one year. The Mountain States Tumor Institute (MSTI) found pharmacist interventions reduced prescription error rates by 2% and were accepted 88% of the time. Saint Alphonsus had a trial Emergency Room (ER) pharmacist that proved so successful they are now pursing a full position. He asked that pharmacists be allowed to practice at the top of their education, be involved in patient care, and be included in collaborative health care teams. Students pursue jobs outside of Idaho because other states provide these advantages.

Answering questions, Lindsey Hunt said there is an 18% applicant acceptance rate, with graduating classes each year of about 70 students. Community colleges offer pre-pharmacy curriculums. The necessary prerequisites can take three or four years, depending on whether or not a bachelors degree is pursued. This is followed by four years of study that can be lengthened by a residency.

Kendal Tucker, President, Idaho Counseling Association and **Susan Perkins**, President Elect, Idaho Counseling Association gave a presentation on the Idaho Counseling Association. Counselors assess, diagnose, and treat mental, behavior, eating, marriage, and school issues. Reimbursement, available for social workers at all levels, is not always available for counselors. Idaho is ranked fifty-first in spending per capita for mental health organizations. Of Idaho's 44 counties 35 are considered rural or frontier. Counselors promote human development throughout the life span. The Association promotes the counseling and human development profession. They are here to help, train, and be a resource.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 10:23 a.m.

Representative Perry
Chair

Irene Moore
Secretary

AMENDED AGENDA #2

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Wednesday, March 05, 2014

SUBJECT	DESCRIPTION	PRESENTER
S 1352	Behavioral Health Crisis Centers	Richard Armstrong, Director Department of Health & Welfare Ross Edmunds Administrator, Department of Health & Welfare
H 565	SNAP Benefits	Rep. Christy Perry
S 1226aa	Dentistry Board	Susan Miller Executive Director

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, March 05, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Dawn Phipps, Idaho Resident; Mike Brassey, St. Luke's Health System; Kathie Garrett and Kathie Mercer, NAMI Idaho; Jim Baugh, DRI; Dick Armstrong, Russ Baron, Kristin Matthews, Lori Wolff, DHW; Jared Tatro, Legislation Services Office, Budget; Corey Surber, Saint Alphonsus; Amber Pence, City of Boise; Steve Millard, IHA; Tony Poinelli, IAC; Julie Zicha, Ryan's Rainbow; Elizabeth Criner, NWFPA / Winco; Jane Wittmeyer, Darigold

Chairman Wood(27) called the meeting to order at 9:01 a.m.

Chairman Wood(27) announced **S 1266aa,aa** will be heard at the Committee meeting tomorrow, February 06, 2014.

S 1352: **Richard Armstrong**, Director, Department of Health and Welfare (DHW), presented **S 1352**, legislation to establish Community Crisis Centers as part of the overall plan to upgrade and improve the state behavioral health services.

When confronted with individuals in crisis, law enforcement can either charge and jail them, or take them to a hospital Emergency Room (ER), where the officer must sit and wait while the individual is assessed. Both methods are inefficient and expensive.

Ross Edmunds, Administrator, Division of Behavioral Health, DHW, explained individuals with serious mental illness tend to seek help after they are in crisis. The Crisis Center model provides an appropriate venue for law enforcement and voluntary admittance.

The Centers can be located in existing, empty buildings. Geographically the Centers are most successful when they are located next to a hospital, for interplay between the two facilities.

Staffing consists of professional nurses, licensed masters level mental health clinicians, and certified peer specialists who have had behavioral health disorders themselves. There is no physician overseer, but a protocol is established for medical condition limits. There is also a physician on the Board.

Although open 24 hours, seven days a week, the longest Centers will keep an individual is 23.59 hours. Once evaluated, the discharge planning begins for transition back into their community with ongoing care. This legislation provides an opportunity for community input for a functioning Center, but is not an architectural design.

Director Armstrong added the DHW will review quality standards, not run the facilities. A facility operator, who is an independent contractor from the community, will be selected. The community is expected to fund and maintain the Centers in partnership with Hospitals and other resources. DHW caseworkers and other providers will visit the facilities to handle ongoing care planning.

Answering questions, **Director Armstrong** said ongoing care will be delivered in the private sector. The Centers will stabilize, assess, and then discharge individuals to an appropriate care facility, based on the individual's resources. The sooner individuals are connected with a system of care and ongoing stability in their own environment, the better future crises are minimized.

Mr. Edmunds explained Idaho's behavioral health system is different from other states, as is this program's creation, which varies from centers begun in their communities. The operating contractors are expected to come from the community delivery system. Contributions to the Centers' operations can be through a variety of services, such as laundry and meals.

Kathie Garrett, NAMI, testified **in support** of **S 1352**. She said the Western Interstate Commission on Higher Learning (WICHE) report of Idaho's behavioral health system proposed a community mental health system. The Centers could be a hub of service activities currently very limited in Idaho, while saving law enforcement and incarceration dollars.

Jim Baugh, Disability Rights of Idaho, testified **in support** of **S 1352** and the formation of the Crisis Centers.

Julie Zicha, Ryan's Rainbow Connection, testified **in support** of **S 1352**, sharing the story of her son's suicide, loss of Medicaid coverage, medication, and counseling caused high risk activities, arrest, and his suicide decision. She said an option like Crisis Centers might have made a difference. Idaho consistently ranks high for suicides and attempted suicides, especially with our youth. At any age, a Crisis Center providing help beyond arrest or hospitalization, would be amazing.

John Watts, Idaho Primary Care Association, testified **in support** of **S 1352**, stating they are in a position to help the state and DHW with this measure, if it passes.

Steve Millard, Idaho Hospital Association, testified **in support** of **S 1352**. He said they have concerns about the skeletal nature of this legislation. However, since the entire system is in a flux of change, the Centers will fit the system mold.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Chew** made a motion to send **S 1352** to the floor with a **DO PASS** recommendation.

Rep. Vander Woude stated his discomfort with the lack of community participation guidelines. References to a fee determination scheduled suggest a fee will be collected, without specification. He agrees with the need, but is unsure how it will all go together.

Responding further to questions, **Mr. Edmunds** said the Centers will not be self sufficient. References to fees identify an opportunity for people to contribute to their own care, if possible. The details for each Center will be developed in the Request For Quote (RFQ) process when the contractors explain how they will accomplish what they are proposing.

Chairman Wood(27) said behavioral health delivery systems will always require some sort of Crisis Center for Idahoans remaining a part of Medicaid. Understanding the concerns expressed about the lack of detail, he has an experienced-based comfort level with this legislation and will be supporting the motion.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1352** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Vander Woude** asked to be recorded as voting **NAY. Chairman Wood(27)** will sponsor the bill on the floor.

H 565: **Rep. Christy Perry**, presented **H 565**, directing the DHW to institute a Food Stamp and Special Needs Assistance Program (SNAP) benefits change to a staggered ten day distribution, as determined the best method by the DHW. The Department of Agriculture Food Stamp Bonus Funds are to be used for the implementation. If no performance bonus is received, current funding will be used. Implementation completion is set for December 31, 2015.

The current single date issuance, which coincides with other program payments, causes a one-day convergence of participants and non participants, which is detrimental to producers, suppliers, and grocery retailers.

Responding to questions, **Rep. Perry** said the staggered issuance is tied to the last number of a participant's year of birth.

Richard Armstrong, Director, DHW, testified **in opposition** to **H 565** because it conflicts with top state and Department priorities with mandated completion in 2015 and lacks assured funding.

He explained how the top states in each of three categories receive the Department of Agriculture SNAP performance bonus. Idaho has performed so well in the past that other states have adopted similar programs to improve their performances. Although a compliment, it could mean they outperform our state this year and we receive no bonus. Without the bonus they would have to extract monies from other functions within the Department. Recently the cost card parent company sold that division, which may mean cost increases.

The Your Health Idaho (YHI) integration will require the Department's focus. The marketplace service vendors have been selected. The next eight months involve the complicated task of developing the stand alone system that will roll out in November, 2014, with continued refinement into 2016. This requires so much of the Department's attention that other maintenance projects are being deferred to handle it, including other real time program updates. This also involves the same personnel who would be handling the SNAP change.

Answering questions, **Director Armstrong** said the single issuance date is easy to remember. The ten-day method, based on their date of birth, is also easy to remember, and could show on their cards. However, any change comes with a financial and manpower cost, including additional customer service.

Past conversations with retailers about cost sharing have indicated they are in agreement with the concept, but this is not contained in this proposal.

Dawn Phipps, Idaho Resident, testified **in support** of **H 565**, relaying her experience as a food stamp recipient. She said the staggering of benefits will help remove the stigma associated with recipients and "food stamp day."

Elizabeth Criner, Northwest Food Processors Association (NWFPA), testified **in support** of **H 565**, stating food processors experience significant work increases to meet the first of the month demands and are faced with storage limitations or product shortages. Urban areas can receive daily deliveries, but this becomes a problem in rural areas.

Ms. Criner responded to questions, stating the NWFPA bore cost increases when the change was made to single day issuance. They have not been approached about cost sharing.

Jane Wittmeyer, Dairigold, testified **in support** of **H 565**. She explained the member-owned coop and their facilities. They agree the current system costs fall to the producers and processors in order to compete in the market.

For the record, no one else indicated their desire to testify.

MOTION: **Rep. Hancey** made a motion to send **H 565** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented both the implementation costs, which would fall on the taxpayers, and the threat to other DHW projects are significant concerns to be considered when voting.

Rep. Morse commented this legislation is vexing because the need and desire is obvious, but the persuasion by the DHW about their budget and project list are causes for concern.

Rep. Perry answered an additional question, stating the administrative eligibility costs are separate from issuance costs. Previously when addressed, the Northwest Grocers Association (NWGA) was in support of **H 565**, and the stakeholder group, as a whole, said they would donate money to change the issuance.

Rep. Chew said she knows the ten-day issuance is the correct change. She expressed concern about the start up costs, based on the DHW estimates. Collaboration by the direct beneficiaries to help with initial costs would be of interest. She suggested a delay of this legislation would allow that discussion.

Chairman Wood(27) put the Committee at ease.

Chairman Wood(27) called the meeting back to order.

SUBSTITUTE MOTION: **Rep. Morse** made a motion to **HOLD H 565** Subject to the Call of the Chair. **Motion carried by voice vote. Rep. Romrell** requested he be recorded as voting **NAY.**

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 11:01 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1
HOUSE HEALTH & WELFARE COMMITTEE
9:00 A.M.
Room EW20
Thursday, March 06, 2014

SUBJECT	DESCRIPTION	PRESENTER
S 1226aa	Dentistry Board	Susan Miller Executive Director
H 565	SNAP Benefits	Rep. Christy Perry
S 1329a	Time Sensitive Emergencies	Rep. John Rusche

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Thursday, March 06, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Elizabeth Criner, NWFFA/Winco; Brian O'Bryne, EIRMC; Juan R. Bonilla, DRFPD/IFCA/IUFESA; Elke Shaw-Tulloch, Wayne A. Denny, Russ Barron, DHW; Corey Surber, Saint Alphonsus; Linda Lowe, Qualis Health; Mark Dunham, Risch Pisca; Shad Priest, Regence Blue Shield; Bill Morgan, Bill R. Morgan MD; Adrean Cavener, American Heart Assoc.; Toni Lawson, Idaho Hospital Assoc.; Marnie Packard, Pacific Source/IVC

Chairman Wood(27) called the meeting to order at 9:02 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the February 26, 2014, meeting. **Motion carried by voice vote.**

S 1226aa,aa: **Susan Miller**, Executive Director, Board of Dentistry, presented **S 1226aa,aa**, revision of the Board quorum requirements to balance the member types. Other changes remove unnecessary Executive Director appointment language, an equivalent degree provision, renewal application mailing, and disciplinary action related to advertising. Clarification is made to the conversion from inactive to active license status. Provision is made for an agent of the Board conducting an examination.

Responding to questions, **Ms. Miller** said postcards will be sent out initially to direct renewal applicants to the Board's website. The quorum currently requires five members, three of whom must be dentists and one who must be a non-dentist.

MOTION: **Rep. Romrell** made a motion to send **S 1226aa,aa** to the floor with a **DO PASS** recommendation.

Ms. Miller said the equivalent degree was eliminated because there appears to be none. The term "good standing" refers to a practitioner who has no criminal history, is licensed, and if licensed in another state, is in "good standing" with that state's board.

For the record, no one indicated their desire to testify.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1226aa,aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Romrell** will sponsor the bill on the floor.

H 565: **Vice Chairman Perry** presented **H 565**. This legislation was held at the Call of the Chair yesterday, March 5, 2014. After talks with the Governor's office, it is her understanding that the intent is to send **H 565** to the floor with a **DO PASS** recommendation.

Responding to a question, **Vice Chairman Perry** said the discussions about funding continue with no agreement at this time. By sending **H 565** to the floor, changes can be made in General Orders, which is the agreement they have right now.

For the record no one indicated their desire to testify.

MOTION: **Rep. Malek** made a motion to send **H 565** to the floor with a **DO PASS** recommendation.

Rep. Hixon said he will support the motion; however, since he was absent during the previous debate, he reserves the right to change his vote on the floor.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **H 565** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Vice Chairman Perry** will sponsor the bill on the floor.

S 1329aa: **Rep. John Rusche** presented **S 1329aa**, which concerns the time sensitive emergencies (TSE) of trauma, stroke, and heart attack, where any delay in appropriate treatment can make a serious impact on the survival and after effects of the event. He gave a brief history of the formation and goals of the Health Quality Planning Commission (HQPC). After studying stroke systems of care in 2011, the HQPC reported that Idaho's lack of an emergency care organized system has resulted in a higher than warranted death and disability rate from stroke, heart attack, and trauma.

This legislation calls for the creation of a coordinated system with a TSE Council and local committees. The Council determines the certification levels for facilities, the standards of system performance, and overall quality in comparison with national standards. This is a better organized system to provide training, improve quality, and move patients.

Rep. Rusche highlighted the sections pertaining to intent, definitions, and the structure and duties for both the Council and regional committees. He emphasized this is a collaborative voluntary system, with no required participation by any hospital facility. The remainder of the bill renames, in various parts of code, the existing Idaho Hospital Association (IHA) contracted trauma registry to the TSE registry and expands its scope to accommodate all TSEs.

The fiscal impact of $225,750 covers the system set up, with participating facilities absorbing their internal cost. **Rep. Rusche** emphasized that $225,000 is approximately the cost of one stroke rehabilitation, which decreases incident levels by having an organized system.

Dr. Brian O'Bryne, Trauma Director, Regional 10 Member, HQPC and the American College of Surgeons Committee on Trauma, testified **in support** of **S 1329aa**. Trauma systems reviewed by the College have found that states with a statewide system have a 15% mortality rate reduction. Idaho had 660 trauma deaths in 2009. One hundred lives (15%) would have been saved with a statewide system.

This is an oversight piece for state coordinated regional customization and supports a facility designation process. Fair designation would be based on a facility's ability to participate. Participating hospitals would view their own performance and educate their Emergency Medical Services (EMS) providers.

Juan Bonilla, Chief, Donnelly Rural Fire Protection District, EMS Division President, Volunteer EMS Section Director, testified **in support** of **S 1329aa**, stating the legislation addresses trauma, stroke, and heart attack with the sole purpose of identifying best practice and training. Advantageous open communication with acute care providers at hospitals would be established by the committees with an avenue of coordination among every level of care provider.

Elke Shaw-Tulloch, Administrator, Division of Public Health, testified **in support** of **S 1329aa**. The $225,750 fiscal note would cover four main areas: operating costs, one time start up costs, existing trauma registry expansion, council development, council support, rule promulgation, and technical support or assistance to small critical access hospitals to assure they get up and running in this system.

No one else indicated their desire to testify.

MOTION: **Rep. Romrell** made a motion to send **S 1329aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Rusche** will sponsor the bill on the floor. **Chairman Wood(27)** will cosponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:35 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 10, 2014

SUBJECT	DESCRIPTION	PRESENTER
RS23107	Indigent Sick Reimbursement Rate	Rep. Fred Wood
S 1288a	Board of Nursing	Sandra Evans Executive Director
S 1355	Medical Care Standard	Ken McClure Idaho Medical Association

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
Room: EW14
Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 10, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: None

GUESTS: Steve Millard, IHA; Cynthia York, DHW

Chairman Wood(27) called the meeting to order at 9:00 a.m.

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

RS 23107: **Rep. Fred Wood**, District 27, presented **RS 23107**, proposed legislation with a single line change to remove the reimbursement rate sunset date. In 2011 the unadjusted Medicaid rate of reimbursement was changed from 100% to 95%, with a three year sunset date. The fiscal note indicates the General Fund appropriation will show a savings of $1.8 million.

Responding to questions, **Rep. Wood(27)** explained the rate is pursuant to Title 19 of the Social Security Act and can be adjusted lower, but not higher.

MOTION: **Rep. Morse** made a motion to introduce **RS 23107**.

Rep. Rusche commented the methodology, or process, of the cost report is defined in Title 19 of the Social Security Act. The rate is determined by that process and the code is not changed at all.

VOTE ON MOTION: **Vice Chairman Perry** called for a vote on the motion to introduce **RS 23107. Motion carried by voice vote.**

Vice Chairman Perry put the meeting at ease and returned the gavel to **Chairman Wood(27)**.

Chairman Wood(27) called the meeting back to order at 9:12 a.m.

S 1288aa: **Roger Gabel**, Deputy Attorney General, General Legal Counsel Board of Nursing, presented **S 1288aa.** This Legislation will broaden and clarify currently established nurse or applicant for a nursing license disciplinary grounds to include discipline in another jurisdiction and sexual misconduct against a patient or former patient.

At the suggestion of the Senate, an exception is proposed for a nurse providing care to a spouse or other individual with whom the nurse had a sexual relationship prior to establishing the nurse-patient relationship.

The changes provide the statutory basis for subsequent promulgation of appropriate rules to define terms and otherwise implement statutory provisions. They are consistent with national uniform licensure requirements and provide greater uniformity and consistency between states.

Answering questions, **Mr. Gabel** said there would still be grounds for discipline for incidents occurring prior to this legislation. Several states have time constraints for the relationships. This was considered too restrictive as part of the statute. Each determination will be a case-by-case decision.

The emergency clause was suggested to provide the Board's authority is in place while rules are being promulgated. Rules would define the terms "former patient," "sexually exploited," and explore possible relationship time constraints.

For the record no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1288aa** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hancey** will sponsor the bill on the floor.

S 1355: **Ken McClure**, Idaho Hospital Association, presented **S 1355**. A reimbursement system focus change is occurring from fee for service to quality or outcome based payment through reimbursement metrics. The Affordable Care Act (ACA) and any insurance companies wishing to sell policies on an Exchange must adopt their own set of quality metrics used for reimbursement purposes.

This legislation stipulates any quality metric can be used for reimbursement purposes, but clarifies they cannot be used to establish the standard of care in any community in Idaho. Any case involving a physician following a quality metric, and alleged to have committed malpractice, cannot use the metric in either their defense or offense. This does not prevent consideration of any case facts that may end up the same as quality metrics and coincide with standard of care. Idaho law remains the same, notwithstanding the fact that the metrics exist.

Mr. McClure said he has an amendment to clarify **S 1355** opposition concerns that "any other law or regulation of the United States," could include Veteran Affairs or Federal Drug Administration requirements. He requested **S 1355** be sent to General Orders to add the amendment.

Responding to questions, **Mr. McClure** said this legislation does not deal directly with patient injuries and invoke the Health Insurance Portability and Accountability Act. There is no change to the law, only clarification. Sometimes the best practitioners get the most complicated and troubling cases, which can lead to bad outcomes.

The Physician Quality Reporting System, adopted by the Centers for Medicare and Medicaid Services (CMS), has several hundred procedural specific quality metrics listed, including readmission and reinfection rates, for which they pay for good outcomes. The lists have been in discussion at CMS and other agencies for several years, but the ACA jump-started their use. The metrics can be used by hospital health systems, physician groups, or networks and would bow to community standards of care for restriction and malpractice.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Rusche** made a motion to send **S 1355** to General Orders as requested by the sponsor. **Motion carried by voice vote. Rep. Morse** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:47 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AMENDED AGENDA #1

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Tuesday, March 11, 2014

SUBJECT	DESCRIPTION	PRESENTER
H 601	Indigent Sick Reimbursement Rate	Rep. Fred Wood
S 1362	State Hospital Education Loan Repayment Program	Ross Edmunds Administrator Department of Health & Welfare

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
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Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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Room: EW14
Phone: 332-1138
email: hhel@house.idaho.gov

MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 11, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representative(s) Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative(s) Chew, Vander Woude

GUESTS: Kathie Garrett, NAMI ID; Jonelle Hudson and Caitlyn Bovans, Boise, ID; Paige Wilson, Boise State University Nursing Student; Steve Millard, IHA; Julie Taylor, Blue Cross of Idaho; Giva Kovac, BSU; Jessica Mothershead, BSU Student; Cynthia York, DHW

Chairman Wood(27) called the meeting to order at 9:01 a.m.

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the February 19, February 27, and March 3, 2014, meetings. **Motion carried by voice vote.**

Chairman Wood(27) turned the gavel over to **Vice Chairman Perry**.

H 601: **Rep. Fred Wood**, District 27, presented **H 601**, a simple bill dealing with the reimbursement rate for services paid to providers in the Indigent Healthcare Program. During the 2011 Legislative Session, the rate was changed to 95% of the unadjusted Medicaid rate and a 2014 sunset date was added. Removing the sunset date will preserve the rate at 95% of the unadjusted Medicaid rate, which is working very well.

The Medicaid cost settlement payment takes one to three years after completion of the audits. Rather than wait that length of time, hospitals are paid based on the unadjusted Medicaid rate, which is typically very close to the final rate.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Hixon** made a motion to send **H 601** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Wood(27)** will sponsor the bill on the floor.

Vice Chairman Perry turned the gavel over to **Chairman Wood(27)**.

S 1362: **Ross Edmunds**, Administrator, Division of Behavioral Health, Department of Health and Welfare (DHW), presented **S 1362**. The two Idaho State Hospitals have difficulty recruiting and retaining physicians. Applicants want an educational loan repayment program before they will consider positions at these facilities. Federal loan repayment programs are unavailable because the hospitals focus on only psychiatric care.

This legislation establishes a loan repayment program for physicians, mid-level practitioners, and psychiatrists. The loan repayment can only be used for outstanding loan debt. The provider must prove the reimbursement was used specifically for the payment. A state hospital governing body will oversee the program.

Prior to the first disbursement, the employee needs to provide 2,080 credited service hours and satisfactory performance standards. Additional disbursements can occur after one year, or 2,080 hours, of the previous disbursement, along with satisfactory performance standards.

The four-year total reimbursement for a physician is $75,000 and is $50,000 for both a psychologist and a mid-level practitioner. The term "mid-levels" refer to nurse practitioners and physician assistants.

Rep. Rusche said recruiting professionals to rural areas from large cities, where the psychiatric programs are located, becomes difficult, especially when a working spouse is involved.

Answering a question, **Mr. Edmunds** explained a physician, graduating usually with $160,000 to $200,000 worth of debt, would receive a four-year loan reimbursement totalling $75,000.

Mr. Edmunds said the loan payment is a piece of a recruitment and retention package. There is also the hope of community roots being established. The loan repayment is available for existing staff.

The fiscal note shows $85,000 in endowment dollars for each of the two hospitals on an annual, ongoing basis. He described the source of the endowment funds to be used by both hospitals.

MOTION: **Rep. Malek** made a motion to send **S 1362** to the floor with a **DO PASS** recommendation.

Rep. Rusche commented on the importance of being in an attractive employment position when compared to other locations. Psychiatrists at state hospitals tend to be transient, while those in community practice are more rooted in their communities. The Tools must be provided to meet the staffing needs at Idaho's institutions.

Kathie Garrett, NAMI Idaho, testified **in support** of **S 1362**. The DHW has struggled to recruit and adequately staff state hospitals, with empty beds due to insufficient staffing. Loan repayment is a common, effective practice in other fields of medicine.

For the record, no one else indicated their desire to testify.

Answering additional questions, **Mr. Edmunds** said the $170,000 will provide an opportunity to assist current providers with their loan repayments and pursue recruitment. He described the current staffing and needs of each location.

Any staff bonuses would either come from salary savings in the existing personnel budget or a Legislative request for additional funding. He reiterated the physicians, who are usually just out of school, are very concerned with paying back steep loans and are looking for positions that help them in this endeavor.

Mr. Edmunds stated endowment increases tend to be permanent. This year's Endowment Fund increase for State Hospital South decreased the General Fund dollars needed.

VOTE ON MOTION: **Chairman Wood(27)** called for a vote on the motion to send **S 1362** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Malek** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 9:39 a.m.

Representative Wood(27)
Chair

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Monday, March 17, 2014

SUBJECT	DESCRIPTION	PRESENTER
S 1379	Uniform Controlled Substances	Sen. Todd Lakey

If you have written testimony, please provide a copy of it to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

Irene Moore
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Phone: 332-1138
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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 17, 2014

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew

ABSENT/ EXCUSED: Representative Vander Woude

GUESTS: Mark Johnston, BOP; Elisha Figueroa, ODP; Corinna Owsley and Matthew Garnette, ISP

Chairman Wood(27) called the meeting to order at 9:02 a.m.

MOTION: **Rep. Rusche** made a motion to approve the minutes of the March 4 and March 6, 2014, meetings. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made a motion to approve the minutes of the March 5, March 10, and March 11, 2014, meetings. **Motion carried by voice vote.**

MOTION: **Vice Chairman Perry** made a motion to approve the amended minutes of the February 20, 2014, meeting. **Motion carried by voice vote.**

S 1379: **Mark Johnston**, Executive Director, Board of Pharmacy, presented **S 1379**. The Board of Pharmacy is given controlled substance authority, but drugs listed in Idaho Code Schedule I rely on the Idaho State Police Laboratory for determination. Another class of synthetic designer drug marketed to mimic LSD is more dangerous than Spice and is killing Idahoans.

Corinna Owsley, Idaho State Police (ISP) Forensic Services, appeared before the Committee to further present **S 1379**. She said the group of compounds modified in this legislation are Dimethoxyphenethylamine, commonly called "Smiles," Methoxyamphetamine, and Amphetamine or Methamphetamine, sold as LSD and Ecstasy. These hallucinogens are causing the overdoses. By modifying this Schedule, Idaho can stay progressive and ahead of slight compound changes to maintain the drugs as illegal. She described the change to the street drug called "Molly" that added a single substance and bypassed Idaho Code.

Responding to questions, **Ms. Owsley** said the federal control of a substance is temporary and only up to three years. Once they are federally listed, the Board of Pharmacy has thirty days to object, or it becomes federally controlled. Some judges are not comfortable with the temporary federal control. Analog law controls any changes to a drug and covers the federal government, not Idaho. The background structure approach contains a larger group of drugs. Limitations to the federal analog language requires proof of a similar effect, which, without research studies on the new drugs, make it impossible to legally prove. This legislation limits where substitutions to the backbone structure could occur, so there are no prescription medication problems.

Answering additional questions, **Ms. Owsley** said the drugs are being made overseas with U.S. redistribution. This legislation covers three separate classes and is written similar to what is in place for Spice, which has stood up in a court of appeals. The ISP Laboratory identifies a drug in their possession and then ties it back to Idaho Code.

For the record, no one indicated their desire to testify.

MOTION: **Vice Chairman Perry** made a motion to send **S 1379** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Chew** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the Committee, the meeting was adjourned at 9:20 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary

AGENDA

HOUSE HEALTH & WELFARE COMMITTEE

9:00 A.M.
Room EW20
Thursday, March 20, 2014

SUBJECT	DESCRIPTION	PRESENTER
	Approval of Minutes	

COMMITTEE MEMBERS

Chairman Wood(27)
Vice Chairman Perry
Rep Hancey
Rep Henderson
Rep Hixon
Rep Malek
Rep Morse
Rep Romrell
Rep Vander Woude
Rep Rusche
Rep Chew

COMMITTEE SECRETARY

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MINUTES

HOUSE HEALTH & WELFARE COMMITTEE

DATE:	Thursday, March 20, 2014
TIME:	9:00 A.M.
PLACE:	Room EW20
MEMBERS:	Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
ABSENT/ EXCUSED:	Representative Vander Woude
GUESTS:	None
	Chairman Wood(27) called the meeting to order at 9:00 a.m.
MOTION:	**Vice Chairman Perry** made a motion to approve the minutes of the March 17, 2014, meeting. **Motion carried by voice vote.**
ADJOURN:	There being no further business to come before the Committee, the meeting was adjourned at 9:01 a.m.

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Representative Wood(27)
Chair

_____

Irene Moore
Secretary